FOR STATE HEALTH DEPT. TO DEPUX. MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 apd 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 7 hours after death.

> VS. AISME SM 9/60

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

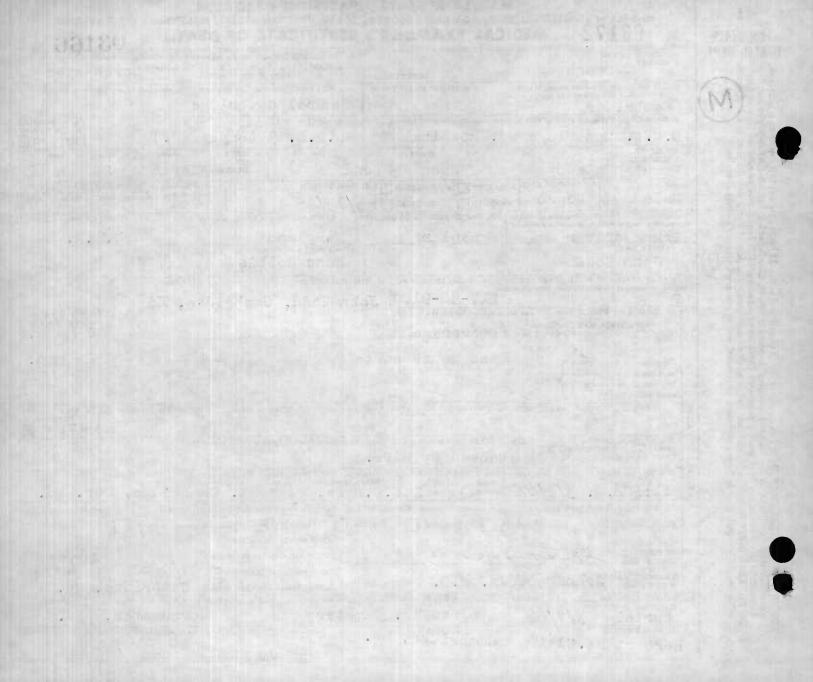
12128 03128 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1.	PLACE OF DEATH					2. USUAL RESIDE	ENCE (Whe			idanca before	edmission)
	_	chester Co		MARYLA	IND	a. STATE	d.	b. cou	Dorc	hester	Co.
7	b. CITY OR TOWN (if write RURAL and	outsida corporate lim		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	N (If outsida	corporata limits, writ			
1/	Cambridge,	Md.		41 Years		Cambridge.		13			
1	d. NAME OF HOSPITA	AL OR INSTITUTION (	if not in hos	pitel, give street eddress	)	d. STREET ADDRE	SS	1			A FARM?
	Cambridge N	d. Hospita	al			Peachblo	ossom	Ave.			NO
3.	NAME OF DECEASED	First		Middle		Last	4. DA		h	Day Ye	ar
	(Type or print)	Charles		D.		Aaron	OF DE	ATH March	26	, 19	62
S.	SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years last birthdey)			
1	Male	White	WIDOWE	DIVORCED	] Ja	n. 15, 19	1),	18 yrs.	Months De	ys Hours	MIn.
10	a. USUAL OCCUPATIO	ON (Give kind of worl		ND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (SI	eta or foreig		12. CITIZE	N OF WHAT	COUNTRY?
	one during most of worl Carpenter	ang life, aven if refire		lding		Fishing	Creek	, Marylan	4 11	.S.A.	
	. FATHER'S NAME		1 Dun	rang		4. MOTHER'S MAID	EN NAME	, mar y ran	4   0	·D·A.	
	Dolby	Aaron				Susie S	Simmon	S			
		R IN U.S. ARMED FOR		SOCIAL SECURITY NO.	17. IN	FORMANT		Address	5		
	No.	Aes & Lot dates of \$		nknown	Mrs	Ormand K	irwan	Peachb	lossom	Ave.	
		ATH [Enter only one		ne for (e), (b), end (c).]				2 0 0 0 1 1 1		INTERVAL BE	
		WAS CAUSED BY:	Mas	sive puln	none	rv fat e	mboli	sm.		1 hr	
	936	DUE TO	21200					- DIII •		<u>at 114</u>	•
	Conditions, if eny,		Fre	cture of	hum	ອກາເຕ				JR d	
	geva risa to immedia	te ceusa		000000	110011	or up.				up as	ays
	(a), stating the un	derlying DUE TO									
1,	cause lest.	(c)	TIONE CON	TRIBUTING TO DEATH B	UZ NOT	DELATED TO THE TER	MAINIAL DIES	ASS CONDITION OF	/FALIALDADT 10	-11 10 1446	ALIZONOV
100	PART II. OTHER	SIGNIFICANT CONDI	HONS CON	INDUING TO DEATH B	SUL NOT	KEEA IED TO THE TEK	MINAL DISE	ASE CONDITION GIV	TEN IN PAKE I		ORMED?
N.										YESX	NO J
CERTIFICATION	206. EXTERNAL CAL PRIMARY (X) or CON CAUSE OF DEATH.	ITRIBUTING   2		BE HOW INJURY OCCU				Il of item 18.)			
				found lyi							
MEDICAL	20c. TIME OF INJUR		- While	NJURY OCCURRED 20	factor	, street, office bldg		(City or town)	(County	/)	(State)
MEC	7 p.m.	3-22 19	62 et work	at work H	ligh	way	(	ambridge	Do	r. Mo	d.
	21. I certify that	at I took charge o	of the rem	ains described abov	ve, held	an Autopsy	Inspect	ion 💢, Inqui	ry ,	and in my	opinion
	death resulted fr	om Natural ca	auses .	Accident X,	Suicid	e . Homicid	de [],	Undetermined n	nanner 🗌		
		/	_			CHIEF MEDICA	AL EXAMINE	R 🔲			
10	ACTUAL SIGNATURE	Com	122	me &		M.D. ASSISTANT M	AEDICAL EXA	MINER		DATE SI	GNED
	EXAMINERS	-36				DEPUTY MEDI	CAL EXAMIN	IER-		3/29	162
1	NAME (Type)	John	Mace	Jr.		Address (Stree					
22	e. BURIAL, ĈREMATION REMOVAL (Specify)			22c. NAME OF CEMET	ERY OR C	REMATORY	22d. LC	CATION (City, lowr	, or country)	(Sta	ito)
	urial B. FUNERAL DIRECTOR	March 29	, 1962	Dorcheste	er Me	m. Park	Cam	bridge,	Md.	NATURE	
		uneral Se	rvice	Cambridge					Islan S.		
L					, 1100	DATE	APR 4	'62	distant do	/ V/4000	

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S FOR STATE DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) .. COUNTY Dorchester is necessary, director. Page b. COUNTY Dorchester files. Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Office along with form PM3. Page 5 may be retained for your fil write RURAL and give nearest town Rural Cambridge Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Cambridge Md. Hospital R.F.D. (Bayly Rd. State YES NO 7 NAME OF Middle 4. DATE Month Day DECEASED the Page 5 may be re 1 and 2 with the 72 hours after o (Type or print) LeRov John Todd DEATH March 62 19 hours after death. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Male Negro Hours WIDOWED DIVORCED 20 yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Hauling Truck driver U.S.A. pages 1 Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Todd Edna Hollis File 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 9 permit. (Yes, no, or unkown) | (Ifyes give war or detes of service) amy EXAMINER: This certificate should be executed John Todd, Cambridge, Md 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN Office along burial-transit p 2 PART I. DEATH WAS CAUSED BY: ONSET AND DEATH and Hemorrhage IMMEDIATE CAUSE (e) min. DUE TO Stab wound aorta min. Conditions, if eny, which (b) "pending" geve rise to immediate cause ro Medical Examiner's **DUE TO** 95 (e), stating the underlying 0 cause last should be used cremation PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? the certificate, writing the word NO 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of Injury In Part I or Part II of item 18.) Stabbed by wife. Chief forwarded to the Chief 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ) 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) 0 factory, street, office bldg., etc.) Not While prior t at work of work & C. C. Cafe, Pine St. Cambridge. ease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy K. Inspection . and in my opinion Inquiry ICAL designated agent, death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S John Mace Jr. M.D. NAME (Type)-Address (Street, city, town, or county) Cambridge. DE 22a BURIAL CREMATION | 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) 240 p Linas Rd. Cemetery Dorchester. Md. Burial 23. FUNERAL DIRECTOR Cambridge, Md. 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME Herbert St. Clair 5M 9/60 Cather & Kroun DATE MAR 2 2 '62

RYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
03139 CERTIFICATE OF DEATH 03129
1. PLACE OF DEATH a. COUNTY  Death a. COUNTY  b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  C. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTRUTION (if not in hospital, give streat address)  C. IS RESIDENCE ON A FARM?  YES NO S  3. NAME OF DECEASED (Type or print)  C. Last  A. DATE OF DEATH  Dey Yeer  19 62
S. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   WIDOWED   DIVORCED   7. MARRIED   10. Lot 1878   10. Lot 1878
13. FATHER'S NAME  Columbus Paron  14. MOTHER'S MAIDEN NAME  Wroter  15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMENT  (Yes, no. or unkown) (Ifyesgive werer dates of service) 120-10-10-11
18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which geve rise to immediate cause (a), stating the underlying cause last.  (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
20c. TIME OF INJURY Month, Dey, Yeer Hour a.m.  19   20d. INJURY OCCURRED State of Injury (Home, farm, factory, street, office bldg., etc.)   20f. (City or town) (County) (Stete)    21.   Certify that (this hospital) allended the deceased from 1.2
226. SIGNATURE  ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. SIGNED  22c. PHYSICIAN'S NAME (Type)  22d. ADDRESS
236. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Cip town or county) (Stete)  REMOVAL (Specify)  Burial March 29, 1962 Hosier Churchyand Fishing Creek, Md.  24 FUNERAL DIRECTOR'S SIGNATURE  ADDRESS Cambridge, March 2 '62 Carthy 8. House  April 2 '62 Carthy 8. House

HELDER TO THE BUILDING 200 10 10 10 10 X .on alerth pride I branch my the stands and the down to the

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If Institution, Residence before admission) a. COUNTY b. COUNTY JOR CHESTER
b. CITY OR TOWN (if outside corporate limits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2 YRS 3 hos CHESTERTOWN .⊆ d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO completely 4. DATE DECEASED (Type or print) 5 EORGEANNA DEATH 1962 ARNOLD 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) WIDOWED X DIVORCED T 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) 11.5A HOUSEWIFF 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME C MILLER 16. SOCIAL SECURITY NO. | 17. INFORM (Yes, no. or unkown) | (If yes give wer or detes of service) MRS RAYMOND BERRY CHESTERTOWN, MO 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which geve rise to immadiate cause DUE TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? NO M 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (Steta) 20c. TIME OF INJURY Month, Day, Yaer 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from 9/14 1959, to 3/8 that (I) (we) last 220 SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. O FUNERAL 22d. ADDRESS director, 23c. NAME OF CEMETERY OR CREMATORY 23e. BURIAL, CREMATION, 23b. 3/10/62 Chestertown, Maryland Chester Cemetery 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) Chestertown, Md. 15M 7/61 arthur & Krays

PYLAND STATE DEPARTMENT OF HEALTH

10000 Parties - Promy - 1 47.0 There was a HUND C PHILER LOTS VERYAGE BELLEY CHESTERSHIP HE THE WAS A PROPERTY OF THE CONTROL OF THE STATE OF THE STA 2/14 5/5 12 11/2 Charles and the control of the state of the

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03141 CERTIFICATE OF DEATH hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) Dorchester a. STATE b. COUNTY 17 pg MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 outside corporate limits, write RURAL and give nearest town) write RURAL and give pearest town) 8 Years americas Colora filled ir Pages d. NAME OF HOSPITAL OR INSTITUTION (if not In hospital, give street address) d. STREET ADDRESS Eastern Shore State Hospital completely 3. NAME OF First Middle Last 4. DATE Month DECEASED OF (Type or print) Atkinson DEATH Cera 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | and last birthday) Months Female White WIDOWED | DIVORCED YES. 9 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Unknown Cecil County, Maryland Unknown 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ella Hathaway William Remsey 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address (Yes, no, or unkown) (Hyesgive weror dates of service) E. S. S. Hospital Records g physician. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c). by PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), steting the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY CERTIFICATION certifica 88 0 use prior 20e. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) for OR CONTRIBUTING [] CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ) 20f. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While et work at work p.m. RECTOR: 3/..... 1962, that (I) (we) last 1954 10.... P 19.62, and that death occured a 5...A.M., from the causes and on the date stated above. saw the deceased alive on... 22e. SIGNATURE ATTENDING PHYS. DIRECTOR M.D. page with t 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) Dr. John F. Schneider Easton. Maryland director, be filed 23c. NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 0 Port Deposit Buria 0 Honewel] Cem.

15M 7/61

VR A1S (4)

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Rumal

Days

U.S.A.

(County)

ON A FARM?

YES NO X

1962

IF UNDER 24 HRS.

Min.

Hours

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO

(State)

22b. DATE

(Stete)

Md:

SIGNED

Yeer

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	Lingui	\$ roloj		CIACI A		
				Ta trans	in Shore State	Fautor
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			aunitali pers	r moental	a Si a 6 men !	CT to
		ubrotes Let		eno ir		21
				3.1	2,2	
		boslynd .co	Past	Scapelado	dr. John F.	
		Parties T TeGG		7	aleriale.	

# VR A15 (4) 15M 7/61

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03132 03132

1. PLACE OF DEAT	H				Institution: Residence before admission)
	Dorchester Co	MARYLAND	a. STATE Md.	b. COUN	Dorchester Co
b. CITY OR TOWN	(if outside corporate limits, d give nearest town)	c. LENGTH OF STAY IN 16			e RURAL and give nearest lown)
Cambridge		7 Years	Cambridge,	Md. /3	
d. NAME OF HOSP	ITAL OR INSTITUTION (if n	not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
	Md. Hospital	1	Edlon Pa	ark, Cambridge	Md. YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	
(Type or print)	Frank	H.	Banning	DEATH March	1. 19 62
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years	
Male		WIDOWED DIVORCED	1880	last birthday) 82 yrs.	Months Days Hours Min.
	TION (Give kind of work orking life, even if retired)	106. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Coun	ty & Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Farming	Chateau, 1	Md.	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME	
Unknow	n		Unknow	m	
15. WAS DECEASED ET	VER IN U.S. ARMED FORCE: (Ifyes give wer or dates of serv	S?   16. SOCIAL SECURITY NO.   17.	INFORMANT	Address	
No	(11) 00 311 0 1101 01 0103 01301 1		ldridge Adams	Edlon, P	ark, Cambridge, Md
	DEATH [Enter only one ca	use per line for (a), (b), end (c).]		1010101	INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	Tillon A-	1 1 1 1 / 2	. Ind.	ONSEL AND DEATH
lap 1	IMMEDIATE CAUSE (e)	There con	000	mro-cus	S Mim.
0	DUE TO	11 1 1 1 1 1	O. 160 1	1. Of outland	tus Iday
Conditions, if an		monogra	decores	coll shring	way say
(e), steling the		U			
cause last,	) (c)				
Z SPARTAL OTHE	R SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH BUT I	OT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIV	EN IN PART 1(e) 19. WAS AUTOPSY
200. ACCIDENT WOR CONTRIBUTION	us lun	igs, Keales	Lutere	celosis	YES NO
OR CONTRIBUTING	CAUSE OF DEATH	Ob DESCRIBE HOW INJURY OCCUR	D. (Enter neture of injury In I	Pert I or Pert II of item 1B.)	000
	MEDICAL EXAMINER)				
Hour a.m.	URY Month, Day, Yeer	WhileNot While fa	ACE OF INJURY (Home, farm ctory, street, office bldg., etc.		(County) (Stete)
₹ p.m.	19	at work et work	71.0	1/2/3/	
	(A)	) attended the deceased from	/ //	,	, 19.6.7, that (I) (we) last
saw the decea	sed alive on	1. 19.6. 2 and the	at death occured at the	M, from the causes	and on the date stated above,
220. SIGNATURE	7630	1/1	ATTENDING / M	AED, STAFF	22b. DATE SIGNED
1/8	The second	serk L	M.D. PHYS. D	IRECTOR PHYS.	3/2/62
22c. PHYSICIAN'S NAME (Type		1 - 18/2 81	224. ADDRESS	(,	, , , ,
(17)	M. 4. 12	年~125、14	(ACIBI	21065 17	ARYLYND
	ION, 236. DATE THEREO	F 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (State)
REMOVAL (Specify Burial	3/3/62	East New Man	cket Cemetery	East New Mar	ket. Md.
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS		D BY REGISTRAR 256. REG	
LeCompte F	uneral Service	ce Cambridge, 1	Id. DATE	MAR 1 2 '62	Chilling S. France
		0-3	I DATE		a. Maus

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#### CERTIFICATE OF DEATH

02422

	0042	-						Reg. Dis	st. No	·UO	100
1. PLACE OF DEATH o. COUNTY	orchester		MARYLAND	II o STA	RESIDENCE (WATE Mary)		b. COUNTY		-	re odmissi este	
b. CITY OR TOWN (I RURAL and give ne Cambrid		ts, write	c. LENGTH OF STAY IN 18	. /	vortown (if Vienna	oulside corpo	orote limits, write R	URAL end	give nec	arest fown	,
OR INSTITUTION	AL (If not in hospitol, ge-Marylan		oddress) ospital, Inc		REET ADDRESS					e. IS RESI	DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Jackson		Middle E •		losi adley	4. DATE OF DEATH	Mon March		.2,		eor 9 62
5. SEX M	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED E	8. DATE O		1896	9. AGE (In years lost birthday) 66 yrs.	Months	1 YEAR Days	Hours	R 24 HRS. Min.
10o. USUAL OCCUPATION during most of work unknown	cing life, even if retired	done 10b.	kind of Business or ini unknown		Mardell		_	12. CIT		S.A	COUNTRY
13. FATHER'S NAME	evin Brad	ley		14. MO	THER'S MAIDEN	_					
15. WAS DECEASED EVE (Yes, no. or unknown) unknown	R IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	1	Cambr.	idge-Ma	aryla	nd Hospi	ltal,	I	nc.	
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o  DUE TO	)	Pulmon	ine (	turn	hos	40		INTI	20	WEEN DEATH
gove rise to in couse (o), stoting lying couse lost.			artenore	line	= H	1.7	Isease		4	mo	rev
PART II. OTH	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH B	UT NOT RELA	TED TO THE TERM	MINAL DISEAS	SE CONDITION GIV	EN IN PART	[ 1(o) ]	PERFO	NO
	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter no	oture of injury in	Port I or Por	rt II of item 18.)				
ZOC. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	While of wor	Not while	PLACE OF IN foctory, street	JURY (Home, form t, office bldg., etc	m, 20f. (Cit	y or town)	(C	County)		(Stote)
21. I certify the alive on	at lattended the	deceas , 19 (	A		136	MAC	m the causes a	that I I I I I I I I I I I I I I I I I I I		te state	
220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL			22c. NAME OF CEMETERY Mardela	OR CREMAT	ORY		TION (City, town, o	or county)	S	(Stote	)
23. FUNERAL DIRECTOR	S SIGNATURE	00	ADDRESS	,		D BY REGIS		TRAR'S SIC	SNATU	RE	AT THE

the funeral director, should be filed with gned by the attending physician and completely filled in by the func permit. Then please remove carbon papers. Pages 1 and 2 shauld in any event within 72 hours after death. ENDING PHYSICIAN: The low requires that the death certificate be executed within 2 page 3 should be detached for use as the burial-transit the registrar priar to burial, cremation, ar removal, and TO HOSPIT

VS A15 (4) 15M 9/55

ofter death, Page 4

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	Christian and the last of the	PC APRILLE

ARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND 03144 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY by the and 2 death. Dorchester Kent Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) 26 days Chestertown Cambridge filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Eastern Shore State Hospital YES NO X completely 3. NAME OF Middle Last 4. DATE Month Day Yaeı DECEASED DEATH (Type or print) Bramble Edna March 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. and last birthday) Months 9-16-88 White WIDOWED TO DIVORCED nding physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Maryland U.S.A. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending p death Minnie C. Legg Lee A. Durding 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (If yes give war or dates of service RECORDS - Eastern Shore State Hospital the no 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: RONIC CONGESTIVE FAILURE WEEK IMMEDIATE CAUSE (a) DUE TO MYOCARDIAL INFARCTION Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the underlying HEROSCLERISIS cause last. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY as PERFORMED? BRONGHOPNEUMONIA! ABS(ES)ES) UPPER use prior PULMONARY NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) etained F Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. at work at work 21. I certify that (this hospital) attended the deceased from February 18 1962, to March 13., 1962, that (we) last DIRECTO 3 should b 3 19.62, and that death occure 3.45 Am, from the causes and on the date stated above. 220. SIGNATURE ATTENDING SIGNED PHYS. DIRECTOR FUNERAL M.D page 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Eastern Shore State Hospital, Cambridge, Md. George M. Dunn 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY D dig Burial 3/15/62 Chestertown, Md. Chester Cemetery FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Chestertown, Md DATE MAR. 1SM 7/61

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HO ITA ATTENDING PHYSICIAN: The law requires that the death certificate be exect.	ng physician,	PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely tilled in by the tuneral	irector, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2-should	e filed with the State Dept, of Health prior to burial, cremation, or removal and in any event, within 72 hours after dealth.
The law	ttending	s peen	ourial-tra	I, cremi
PHYSICIAN:	the hospital or a	this certificate has	for use as the b	Ith prior to buria
ATTENDING	eath. Tage to se retained by the hospital or attending physician.	IRECTOR: After t	should be detached	State Dept. of Heal
TA	ige x	RAL D	sage 3	rith the
HO	eath. Fa	FUNE	irector, p	e filed w

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DIVISION	03145	L RESEARCH AND RECOR CERTIFICA			MORE 1, MARYLAND		
1. PLACE OF DEAT	H				If institution: Residence before edmission		
a, COUNTY	Dorchester (	Co. MARYLAND	a. STATE Md	ь. со			
b. CITY OR TOWN	(if outside comorate limit				Dorchester Co.		
write RURAL ar	nd give nearest town)	7 77		, 9			
d. NAME OF HOSE	PITAL OR INSTITUTION (	if not in hospital, give street eddress)	Cambridge,	Md.	e. IS RESIDENCE		
					ON A FARM?		
Cambridge :	Md. Hospital		Academy St		YES NO		
DECEASED	rirst	Middle	Last	4. DATE Mo	nth Dey Yeer		
(Type or print)	Bertha	Beckwith	Cannon	DEATH March	17. 19 62		
5. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In year last birthday	IF UNDER 1 YEAR IF UNDER 24 HRS.		
Female	White	WIDOWED DIVORCED	Sept. 5, 1882	70 yrs.	Monnis Doys (Mons Minn		
IOe. USUAL OCCUPA	TION (Give kind of work	10b. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (Count	y & State, or foreign countr	ry)   12. CITIZEN OF WHAT COUNTRY		
None  None	vorking life, even if retire	None	Aireys, M		U.S.A.		
			14. MOTHER'S MAIDEN	NAME			
	b Beckwith		Unknown				
<ol> <li>WAS DECEASED E</li> <li>(Yes, no, or unkown)</li> </ol>	VER IN U.S. ARMED FOR (If yes give were dates of se	CES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Addr	ess		
No			harles E. Can	non Cambi	ridge, Md.		
18. CAUSE OF	DEATH  Enter only one	cause per line for (e), (b), end (c).]		1	I INTERVAL BETWEEN		
PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Thiseon	ent To	Vanl.	ONSET AND DEATH		
57	DUE TO						
Conditions if an		Toxeria.			311 10 7 40 10 10		
Conditions, if en	diete ceuse	TORE DILL					
(e), steting the cause last.	underlying DUE TO	Mustich la Dir	ERTICULIT	4: [	THE RESERVE		
		TIONS CONTRIBUTING TO DEATH BUT N			GIVEN IN PART 1(a) 1 19. WAS AUTOPSY		
	6. 11				PERFORMED?		
PART II. OTH  20e. ACCIDENT IV  OP CONTRIBUTING  OF CONTRIBUTING  OF CONTRIBUTING	Tus A	ERNIA	T		YES NO X		
20e. ACCIDENT WAS UNDERLYING []   20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH							
	Y MEDICAL EXAMINER)						
20c. TIME OF INJ			ACE OF INJURY (Home, farm ctory, street, office bldg., etc.)		(County) (State)		
Hour a.m.		et work et work	,				
		al)/attended the deceased from	1/10	1962.10 3/17	19.6 Ahat (I) (we) las		
	ased alive on				s and on the date stated above		
22a. SIGNAVARE	sed alive oil	17, and ma		Ex.M, IIOIII IIIe cause	22b. DATE		
33377	1000	- 1/2	autre M	NED. STAFF	No L SIGNE		
22c. PHYSICIAN'	S	Bucks	M.D. PHYS. D	IRECTOR PHYS.	119/62		
NAME (Typ		NK5	CAMB	RIDGE	MARYLAND		
23a. BURIAL, CREMA	TION, 236. DATE THER	REOF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City,	town or county) (State)		
REMOVAL (Specify Burial	March 19	, 1962 Greenlawn	Cometam	Cambridge, N	44		
			orne rery	Totalion Trigging	T. A.		
24 FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS	25e, REC	'D BY REGISTRAR   25b.	REGISTRAR'S SIGNATURE		
24 FUNERAL DIRECTO	er's signature Funeral Serv		25e, REC	AR 2 1 '62	REGISTRAR'S SIGNATURE		

MARYLAND STATE DEPARTMENT OF HEALTH

13 BEESO The state of the s . D. Javanille - director de la contractor de la contract . 6) Committee of the c Mysers Link Tarleich TOXETH DA -That who proceeding Howard Horizon in 1/10 Can 3/12 12 12 CAMBRIDGE, HARYLAND Topics to Fineral Courses combridge at

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY ar death. If any delay is necessared and 3 to the funeral director. Page and 3 to the funeral director. Page e. STATE b. COUNTY Dorchester Maryland Wicomico MARYLAND b. CITY OR TOWN (if outside corporete limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) 닝 Cambridge 3vr.lmo.20da. Salisbury be retained for your the State Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Eastern Shore State Hospital YES NO DE 3. NAME OF Middle 4. DATE Month DECEASED OF with the (Type or print) John. William Cartwright DEATH March 62 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) M Months Hours White WIDOWED DE DIVORCED within 24 hours after 18. Give Pages 1, 2, ar 10a. USUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) PM3. Page e pages 1 and 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Maryland None None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Edward Cartwright Mary Jane 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address in pencil in Item 18. (Yes, no, or unkown) | (Ifyesgive werordetes of service) RECORDS - Eastern Shore State Hospital Office along with burial-transit permi IB. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN .5 ONSET AND DEATH DEATH WAS CAUSED BY, Terminal pneumonia IMMEDIATE CAUSE (e) removal, DUE TO This certificate should 12 days (b) Fracture neck r. femur geve rise to immediate cause fÜ "pending" DUE TO (a), steting the underlying Medical Examiner 95 be used PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? the certificate, writing the word Chrenie brain syndreme with senile brain disease. e 3 should burial, crem NO DI 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. Slipped and fell in bathroom Chief to the Chie 20d. INJURY OCCURRED 120a, PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Day, Yaar 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) While Not While et work et work Hospital Cambridge Dor. Md. prior 21. I certify that I took charge of the remains described above, held an Autopsy Inspection . Inquiry and in my opinion death resulted from: Natural causes Accident D.d. Suicide Homicide Undetermined manner should be forward FUNERAL DIRE CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type John Mace Jr. Address (Spet, city, town, or county) CREMATION. 22d. LOCATION (City, town, or country) REMOVAL Specify) REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE arthug & Hear

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## MADYLAND STATE DEDARTMENT OF HEALTH

MAKI	PAIND STATE DELWINELLI	OF HEALIN
DIVISION OF STATISTICAL RESEA	RCH AND RECORDS, 301 W. PREST	ON STREET, BALTIMORE 1, MARYLAND
03147	CERTIFICATE OF DEAT	ON STREET, BALTIMORE 1, MARYLAND  OR 1.28

1	1. PLACE OF DEATH		2 Heller Besidence	(When despread lived 16 in	stitution. Peridence before admission)				
1	a. COUNTY Dorchester	MARYLAND	a STATE	Land b. COUNT	stitution: Residence before edmission) Y Charles				
	b. CITY OR TOWN (if outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If ou	tside corporate limits, write	RURAL end give neerest town)				
	write RURAL and give nearest town) rural Cambridge	3 mo.	Cobb Islan	d (Rural)	08x-2				
2	d. NAME OF HOSPITAL OR INSTITUTION (If not in he	spital, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE				
	Eastern Shore State Hospi				ON A FARM? YES NO X				
M	3. NAME OF First DECEASED	Middle	Last 4.	DATE Month	Day Year				
/	(Type or print) RAYMOND		ARY	DEATH Mar	ch 1 19 62				
	5. SEX male 6. COLOR OR RACE 7. MARRI WIDOW		7/17/89	9. AGE (In years   last birthday) 72 yrs.	F UNDER 1 YEAR   IF UNDER 24 HRS.  Months Days Hours Min.				
1	10a. USUAL OCCUPATION (Give kind of work   10b.	CIND OF BUSINESS OR INDUSTR	Y   11. BIRTHPLACE (County &		12. CITIZEN OF WHAT COUNTRY?				
	done during most of working life, even if refired)  plumber - Retired	J.S.N.P.P.	Virginia		U.S.				
ŀ	13. FATHER'S NAME	7.5.1.1.1	14. MOTHER'S MAIDEN NA	ME	0.5.				
1	Frances D. Cary		(Unkow	- \ //					
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16	SOCIAL SECURITY NO.   17. I	NFORMANT	n) Kerrick					
	(Yes, no, or unkown) (Ifyesgivewarordatesofservice)	577-30-3567 H	ospital record						
	18. CAUSE OF DEATH [Enter only one cause per		opproar record		INTERVAL BETWEEN				
	PART I. DEATH WAS CAUSED BY:	ILMONARY	INFAR	CTION	ONSET AND DEATH				
	IMMEDIATE CAUSE (6)	LHOWIN	(10) / / / /	CITON	1 HOUR				
1	DUE TO P	20010.200	20110	0 5 6 6 6 6 6 6	1 1/50- 1				
	Conditions, if eny, which gave rise to immediate cause	RONCHOG	ENLE	ARCINON	1 A I YEAR T				
- [	(e), stating the underlying DUE TO								
	cause lest. (c)								
	PART II. OTHER SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE CONDITION GIVE	N IN PART 1(e) 19. WAS AUTOPSY PERFORMED?				
	3 DEHYARATION	CACHEXIE	, PNEUMO	ONITIS	YES NO				
	PART II. OTHER SIGNIFICANT CONDITIONS CO	SCRIBE HOW INJURY OCCURED.	(Enter nature of injury in Pert	I or Pert II of item 18.)					
4	20c. TIME OF INJURY Month, Day, Year   20d.	INJURY OCCURRED   20e, PLA	CE OF INJURY (Home, farm, 1	20f. (City or town)	(County) (State)				
	20c. TIME OF INJURY Month, Day, Year 20d. Whith Physics Proceedings of the Policy Process of the Policy Proces	0 1101 1111110	ory, street, office bldg., etc.)						
	21. I certify that (I) (this hospital) atter	nded the deceased from			1, 19.62 that (I) (we) last				
	saw the deceased alive on		death occured et.	M, from the causes a	nd on the dete stated ebove.				
1	226. SIGNATURE 22b. DATE								
	M.D. PHYS. DIRECTOR PHYS. March 1, 1962								
1	22c. PHYSICIAN'S	7	22d. ADDRESS	V	11 rural M				
	NAME (Type) Deo. M.	Dunn M.D	Eastern d	hore STATE	Nosp. Cambridge				
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		3d. LOCATION (City, town	or county) (State)				
	Bryal (Specify) March 362	- Mt. Repl.	Ta Mola Md.	La Plata .	Maryland				
1	24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	1	BY REGISTRAR   256. REGI					
	Trebort tuneral Name	La Plota)	nd. DATE MA	R 9'62 a	rillian S. Hrans				
E	- Correct Corresponding	1		7					

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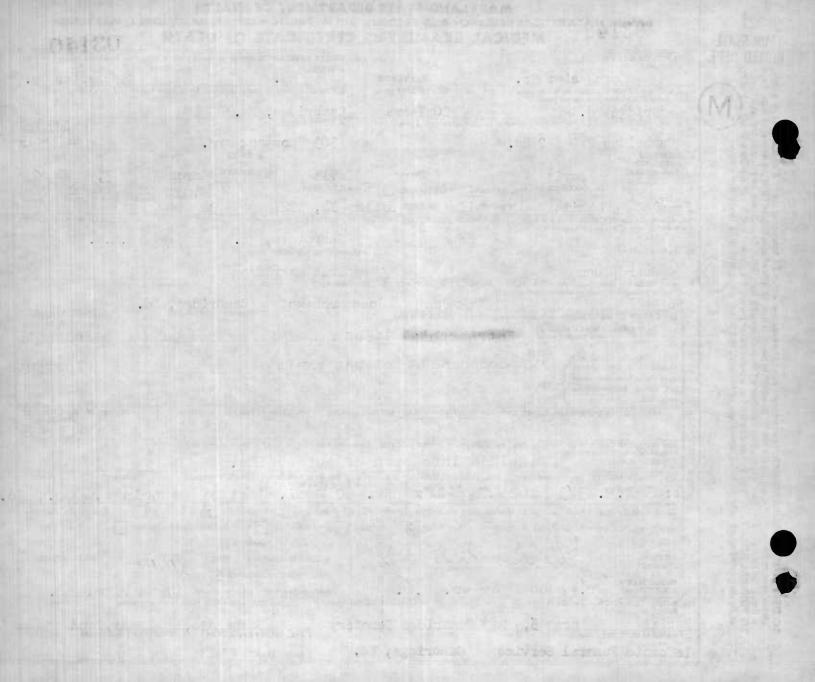
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before edmission) a. COUNTY Is necessary, Il director. Page for your files. oard of Health, b. COUNTY Dorchester Co. MARYLAND Md. Dorchester Co. b. CITY OR TOWN (if outside corporate limits. C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) Cambridge, Md. Cambridge Md. P.O Years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE for ON A FARM? and 3 to the funeral be retained the State B 2 Md. 303 Choptank Ave. YES NO T 3. NAME OF Middle 4. DATE Month DECEASED OF DEATH (Type or print) 19 62 Doris Dunn Davis March AL EXAMINER: This certificate should be executed within 24 hours after death. If certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the rided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be recTOR: Page 3 should be used as a burial-transit permit, file pages 1 and 2 with the gent, prior to burial, cremation, or removal, and in any event, within 72 hours after 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months DIVORCED TX Female WIDOWED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Siele or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. None Sharptown, Md. None 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Lula Eskridge Edward Dunn 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordalesofservice) Cambridge, Md. Joan Brohawn Unknown 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Intracranial injury IMMEDIATE CAUSE (a) Instant DUE TO Compound fractures skull Instant gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PERFORMED? NO A 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Pert II of item 18.) CAUSE OF DEATH. Walked into path of automobile. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 1 20f. (City or town) Month, Day, Year (County) (State) factory, street, office bldg., etc.) Rt. 50 2 mi. West of Cambridge, Dor., Md. at work et work should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection x. Inquiry [ and in my opinion Accident X Suicide Undetermined manner death resulted from: Natural causes Homicide CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) Cambridge. NAME (Type) John Mace DEP 220, BURIAL, CREMATION 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 0 40 9 64 Cambridge Cemetery Burial Cambridge 240. REC'D BY REGISTRART 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR LeCompte Funeral Service Cambridge. Md. DATE MAR 1 2 '62 Carthun & House 5M 9/60

RYLAND STATE DEPARTMENT OF HEALTH



J. Framptom and Son, Federalsburg, Maryland

Reg. Dist. No. 31 4

e. IS RESIDENCE ON A FARM

YES NO N

Year

Hours | Min.

IF UNDER TYEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (State)

ond in my

DATE SIGNED

(Stote)

U'S.A.

(County)

Inquiry X.

24b. REGISTRAR'S SIGNATURE

Cirilway & Three

240. REC'D BY REGISTRAR

DATE MAR

Dorchester Md.

Months

19 62

VS. A15ME 5M 2/57

23. FUNERAL DIRECTOR'S SIGNATURE

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RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Rasidence before edmission) e. COUNTY director. Page or your files. e. STATE b. COUNTY Dorchester Co. Md. MARYLAND Dorchester Co. b. CITY OR TOWN (if outside comprete limits C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) Cambridge. Md. Cambridge, Md. d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Ö e. IS RESIDENCE ON A FARM? retained he State E Cambridge Md. Hospital 306 Washington St. YES NO TO 3. NAME OF Middle DECEASED OF (Type or print) and 3 to the may be re 2 with the DEATH Pear] Vand Dodson 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months WIDOWED -DIVORCED Female March thin 24 hours after Give Pages 1, 2, and with PM3. Page 5 no File pages 1 and 2 vent within 72 hou 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, aven if retirad) None None Cambridge Dorchester Co. U.S.A. 13. FATHER'S NAME Alexander Vane Margaret Horsey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yas, no. or unkown) | (If yes give wer or dates of service) Lee Dodson 6 Willis St. Cambridge, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: " in pencil i Office alor burial-trans Terminal Pneumonia week IMMEDIATE CAUSE (a) g the word "pending" in pen f Medical Examiner's Office a should be used as a burial-tr rial, cremation, or removal, a DUE TO Conditions, if eny, which Hypertensive C-V Disease (b) gove rise to immediate cause DUE TO (a), steting the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY CERTIFICATION PERFORMED? Fracture of skull NO K 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of Injury In Part I or Pert II of itam 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Had ceberal accident, fell striking head. writing the Chief A Page 3 s 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (State) factory, street, offica bldg., atc.) Whila Not Whila Cambridge. Dor. Home et work at work Md. prior ease execute the certificate, should be forwarded to the FUNERAL DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection x Inquiry , and in my opinion designated agent, death resulted from Natural causes X Accident , Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER Cambridge. Md. NAME (Type) John Mace Jr. M.D. Address (Straet, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State) REMOVAL (Spacify) 240 g Burial March 15, 1962 Dorchester Mem. Park Cambridge K | Cambridge Md 23. FUNERAL DIRECTOR **ADDRESS** VS. A15ME DATE MAR 1 9 '62 LeCompte Funeral Service Cambridge, Md. 5M 9/60 anthony & Trave

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whate daceased lived, If Institution: Residence before edmission) a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OK TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give nearest town) \_= am brida Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO M completely 3. NAME OF Middle 4. DATE Month Year DECEASED OF (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday) Months Days WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY (County & State, or foceign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending partending parten please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unknyn) | (Ifyesgiva war or datas of service) 16. SOCIAL SECURITY NO. | 17. INFORMANT Address amboridge 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: REMI IMMEDIATE CAUSE (a) 6 MONTHS DUE TO NEPHROSCLEROSIS Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying ARTERIOSCLEROSIS cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION PERFORMED? EHYDRATION, ELECTROLYTE NO IMBALANCE 20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20e, PLACE OF INJURY (Home, farm, Month, Day, Year 20d. INJURY OCCURRED I 20f. (City or town) (County) (Stete) factory, street, office bldg., etc.) Whila Not Whila Hour a.m. at work at work 19 10 MAR 1 1962 that (1) (we) last 21. I certify that (I) (this hospital) attended the deceased from....... saw the deceased alive on MAR 1 1962 and that death occured at 5 AM, from the causes and on the date stated above. 22a. SIGNATURE 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) (State) REMOVAL (Specify) 0 24 FUNERAL DIRECTOR'S SIGNATUR 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61 arthur S. Thank DATE MALO

RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ():3144

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ural Campriage nearest town)	2 years +	Cordeba,	, Md		20	x.2	
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saw the deceased alive on3/12		•	- 19				
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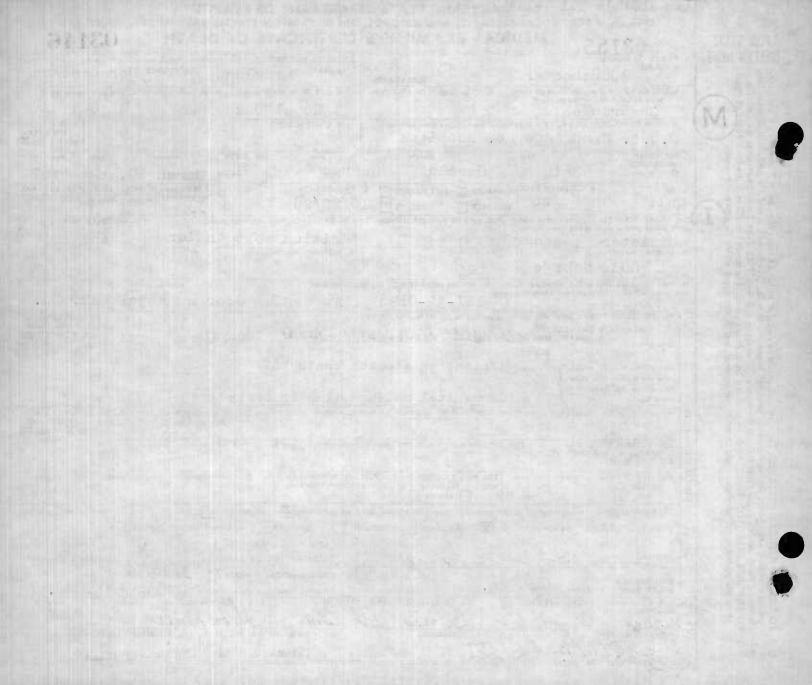
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To. USUAL OCCUPATION (Give kind of work done during most of working life, avan it relited)  Registored Nurse  13. FATHER'S NAME  John Peter Cook  14. MOTHER'S MAIDEN NAME  Annie Hudson  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hysosgive-weror deleas of service)  16. SOCIAL SECURITY NO. 17. INFORMANT  Address  NO  18. CAUSE OF DEATH (Enter only one ceuse per line for (a), (b), end (c))  PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)  DUE TO  Conditions, if eny, which geve rise to immediate ceuse (e), slating the undarlying cause last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WA PRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WA PRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WA PRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WA PRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WA PRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WA PRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WA PRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WA PRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WA PRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WA PRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WA PRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WA PRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WA PRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WA PRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WA PRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WA PRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WA PRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WA PRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WA PRESENTED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WA PRESENTED T				T.Th. 4	+ a		-				68t birthday)	Months		Hours Mi
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20c. TIME OF INJURY Month, Day, Year Hour a.m. While el work el work el work el work 21. I certify that (I) (this hospital) attended the deceased from 2		VIION	Conditions, if a geve rise to imm (a), stating the cause last.	IMMEDIA	DUE TO  (b)_ DUE TO  (c)_	Ca.	DUTING TO DEAT	TH BUT NOT R	,000		E CONDITION G	IVEN IN PAR	J 1 1(a) 19	WAS AUTOP PERFORMED
21. I certify that (I) (this hospital) attended the deceased from		IFICATION	Conditions, if geve rise to imm (e), stating the cause last.  PART II. OT	IMMEDIA  ny, which adiate ceuse undarlying  HER SIGNIFIC	DUE TO  (b)  DUE TO  (c)  CANT CONDITI	100			ELATED TO THE TERM	INAL DISEAS		IVEN IN PAR	J 1 1(a) 19	WAS AUTOF PERFORMED
21. I certify that (I) (this hospital) attended the deceased from		CERTIFICATION	Conditions, if geve rise to imm (e), stating the cause last.  PART II. OT	IMMEDIA  ny, which adiate ceuse undarlying  HER SIGNIFIC	DUE TO  (b)  DUE TO  (c)  CANT CONDITI	100			ELATED TO THE TERM	INAL DISEAS		IVEN IN PAR	J 1 1(a) 19	WAS AUTOP PERFORMED
saw the deceased alive on 3 - 25 1962, and that death occurred a7. 30, Aom the causes and on the date st			Conditions, if of governise to imm (a), stating the cause last.  PART II. OT  200. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT 200. TIME OF II	IMMEDIA  Inny, which adiate ceuse undarlying  HER SIGNIFIC  WAS UNDE NG  CAUS	DUE TO  (b)  DUE TO  (c)  CANT CONDITI  ERLYING  E OF DEATH  L EXAMINER)	20b. DESCRIB	E HOW INJURY	OCCURED. (En	ELATED TO THE TERM  ntar natura of injury in	INAL DISEAS Part I or Part	II of item 18.)		7 T 1(a) 19 YI	WAS AUTOP PERFORMED
228. SIGNATURE ATTENDING MED STAFF			Conditions, if geve rise to imm (a), stating the cause last.  PART III. OT  20e. ACCIDENT OR CONTRIBUTI. (IF EITHER, NOT  20c. TIME OF II  Hour a.r	IMMEDIA  ony, which adiate ceuse undarlying  HER SIGNIFIE  WAS UNDE NG CAUS INJURY MA  n.	DUE TO  (b)  DUE TO  (c)  CANT CONDITI  ERLYING  E OF DEATH  E EXAMINER)  onth, Day, Yaai	20b. DESCRIB r 20d. INJU Whila el work	IRY OCCURRED Not While	OCCURED. (En	ELATED TO THE TERM  ntar natura of injury in  OF INJURY (Homa, far streat, office bldg., at	Part I or Part  m, 20f. (C	Il of item 18.)	(Cou	7 T 1(a) 19 YI	WAS AUTOP PERFORMED NO
ATTENDING MED. STAFF			Conditions, if a geve rise to imm (e), stating the cause last.  PART II. OT  20e. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT 20c. TIME OF II Hour a.f.	IMMEDIA  ony, which adiate ceuse undarlying  HER SIGNIFIO  WAS UNDE OF CAUS  IFY MEDICA  NJURY M  n.  o that (I)	DUE TO  (b)  DUE TO  (c)  CANT CONDITI  (RLYING   E OF DEATH L EXAMINER)  19  (this hospital	20b. DESCRIB  r 20d. INJU Whila el work al) attended	IRY OCCURRED Not While el work the decease	OCCURED. (En 20a. PLACE tactory,	ELATED TO THE TERM  ntar natura of Injury in  OF INJURY (Homa, far straat, office bldg., at	Part I or Part  m, 20f. (Cc.)	ily or town)	(Con	T 1(a) 19 YI	. WAS AUTOP PERFORMED S NO (State
DIRECTOR   PHYS   PHYS			Conditions, if of geve rise to imm (a), stating the cause last.  PART II. OT  200. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT  20c. TIME OF II Hour a.r. p.:	IMMEDIA  ony, which adiate ceuse undarlying  HER SIGNIFIC  WAS UNDE NG CAUS IFY MEDICA  JURY M.  on, that (I) eased alive	DUE TO  (b)  DUE TO  (c)  CANT CONDITI  (RLYING   E OF DEATH L EXAMINER)  19  (this hospital	20b. DESCRIB  r 20d. INJU Whila el work al) attended	IRY OCCURRED Not While el work the decease	OCCURED. (En 20a. PLACE tactory,	ELATED TO THE TERM  ntar natura of Injury in  OF INJURY (Homa, far straat, office bldg., at	Part I or Part  m, 20f. (Cc.)	ily or town)	(Con	T 1(a) 19 YI	. WAS AUTOP PERFORMED SS NO A
22c. PHYSICIAN'S 22d. ADDRESS			Conditions, if of geve rise to imm (a), stating the cause last.  PART II. OT  200. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT  20c. TIME OF II Hour a.r. p.:	IMMEDIA  ony, which adiate ceuse undarlying  HER SIGNIFIC  WAS UNDE NG CAUS IFY MEDICA  JURY M.  on, that (I) eased alive	DUE TO  (b)  DUE TO  (c)  CANT CONDITI  (RLYING   E OF DEATH L EXAMINER)  19  (this hospital	20b. DESCRIB  r 20d. INJU Whila el work al) attended	IRY OCCURRED Not While el work the decease	20a. PLACE tactory.	ELATED TO THE TERM  of injury in  of injury (Homa, far streat, office bldg., at	INAL DISEAS  Part I or Part  m, 20f. (C c.)  1962, t 30, Ac	ity or town)  on the causes	(Con	T 1(a) 19 YI	. WAS AUTOP PERFORMED S NO (State
NAME (Type)			Conditions, if of governiss to imm (a), stating the cause last.  PART II. OT  20e. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT  20c. TIME OF II Hour a.f. p. 1  21. I certify saw the dec 22a. SIGNATO	IMMEDIA  The property of the p	DUE TO  (b)  DUE TO  (c)  CANT CONDITI  (RLYING   E OF DEATH L EXAMINER)  19  (this hospital	20b. DESCRIB  r 20d. INJU Whila el work al) attended	IRY OCCURRED Not While el work the decease	OCCURED. (En 20a. PLACE tactory,	elated to the term  of injury in  of injury (Homa, far  straat, office bldg., at  eath occurred a7  ATTENDING PHYS.	Part I or Part  m, 20f. (Cc.)  1962 t  3.0, Ac	ity or town)  o. 3 - 2  on the causes	(Con	T 1(a) 19 YI	WAS AUTOP PERFORMED (Stata at (I) (we) te stated about 22b. DA
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)			Conditions, if a geve rise to imm (a), stating the cause last.  PART II. OT  20e. ACCIDENT OR CONTRIBUTI (IF EITHER, NOT  20c. TIME OF II Hour a.r. p. 1  21. I certify saw the dec  22a. SIGNATO	IMMEDIA  ony, which adiate ceuse undarlying  HER SIGNIFI  WAS UNDE NG CAUS IFY MEDICA  JURY M  on.  othat (I) eased alive  RE	DUE TO  (b)  DUE TO  (c)  CANT CONDITI  (RLYING   E OF DEATH L EXAMINER)  19  (this hospital	20b. DESCRIB  r 20d. INJU Whila el work al) attended	IRY OCCURRED Not While el work the decease	20a. PLACE tactory.	elated to the term  of injury in  of injury (Homa, far  straat, office bldg., at  eath occurred a7  ATTENDING PHYS.	INAL DISEAS  Part I or Part  m, 20f. (C c.)  1962, t 30, Ac	ity or town)  on the causes	(Con	T 1(a) 19 YI	WAS AUTOP PERFORMED (Stata at (I) (we) te stated about 22b. DA

MARYLAND STATE DEPARTMENT OF HEALTH

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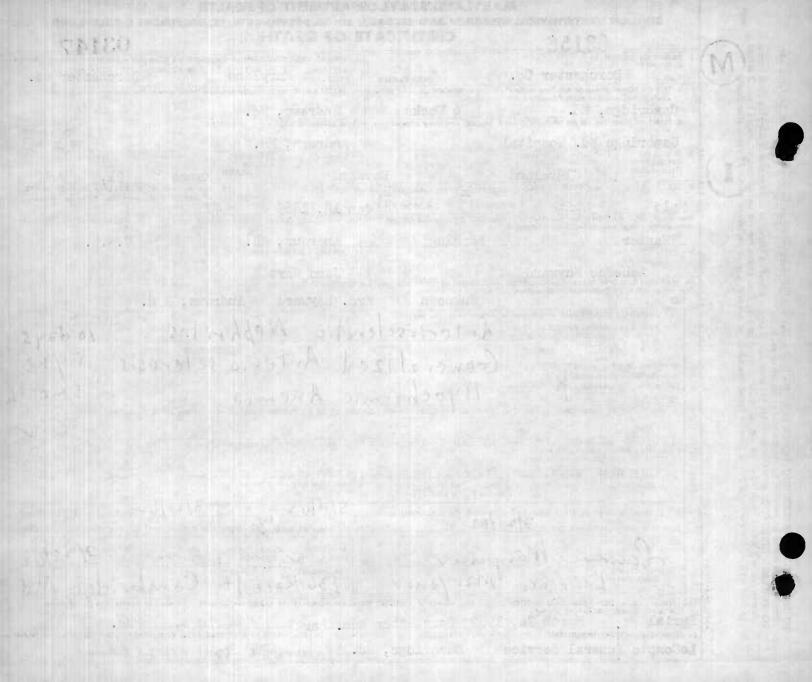
201	DIVISION OF STATISTICAL RESEARCH AND RECORDS	5, 301 W. PRESION SIREEI, BALIIMORE I, MA	KTLAND
FOR STATE	03155 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	3146
HEALTH DEPT.	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If Institution: Res	idenca belore edmission)
s. s. lith,	a. COUNTY Dorchester MARYLAND	. STATE Maryland b. COUNTY Done	hester
essary, r. Page files. Health,	b. CITY OR TOWN (if outside corporete limits.   c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL end g	give neerest town)
of on other	write RURAL end give neerest town) Cambridge	Roval Oak	2 × 2
IXI BÇB.	d. NAME OF MOSPITAL OR INSTITUTION (il not in hospital, give streat addrass)	d. STREET ADDRESS	I . IS RESIDENCE
Se	D.O.A. Cambridge Md. Hospital		ON A FARM?
fune fune ine tate ath.	3. NAME OF First Middle	Last   4. DATE Month	Day Year
the The Same Same Same Same Same Same Same Sam	DECEASED	eorge OF March 19,	19 62
the to th	5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	8. DATE OF SIRTH 9. AGE (In years IF UNDER 1 YE	
dea dea wit wit	Male	70/20/28   last birthday)   Months   De	
1, 2, and 2 and 2 2 pour 1 2 pour 1 2		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N OF WHAT COUNTRY?
	done during most of working life, even if retired)	77 11 1 1 1 1 T 13 0	· · · · · · · · · · · · · · · · ·
hour ages 3. Pages 1 thin thin	Minister& Teacher		eat Britin
M3 M3 Will		14. MOTHER'S MAIDEN NAME	
ile P	Irenuis George	4	
within 18. Give form in File event	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes, no, or unkown) (Ifyesgivewarordelesolservica)		2.1- 253
em with with	No   1111-32-9120	Mrs Geniva George Royal (	Dak, Md.
ייייי מיייי	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED 8Y:		ONSET AND DEATH
cil i	IMMEDIATE CAUSE (e) DETALING MY DE	st/reygyt/ Asphyxia	Instant
l be	755, / DUE TO		
" in p Offic buris	Conditions, if eny, which \ (b) Aspiration stoma	ich contents	
S S S S S S S S S S S S S S S S S S S	gave risa to immediate causa DUE TO		
icate endi ed a	cause last. (c) Congenital malfo	ormation of brain	
Exal Exal fion	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 10	9) 19. WAS AUTOPSY PERFORMED?
vord cal E	,		YES X NO
Yedi loudi cr	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 801 N  20a. EXTERNAL CAUSE WAS PRIMARY  Or CAUSE OF DEATH.  1 CAUSE OF DEATH.	(Entar neture of Injury in Part I or Part II of item 18.)	
TEH of N 3 st			
Chiffir of bu	5-	LACE OF INJURY (Home, farm, 20f. (City or town) (County actory, street, office bldg., etc.)	) (State)
X.A. B. w. w.	Hour a.m.   While   Not While   Pompore   Pompore   While   Pompore   Pompor		
to t	21. I certify that I took charge of the remains described above, I	neld an Autopsy 🔀, Inspection 🔲, Inquiry 🔲, a	and in my opinion
Partif Bed int,	death resulted from: Natural causes X, Accident , Sui	icide . Homicide , Undetermined manner	
DIO Vare eg		CHIEF MEDICAL EXAMINER	
MED) forwar forwar L DIR	SIGNATURE John March	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
g Pacu	EXAMINER'S   has Man In	DEPUTY MEDICAL EXAMINER \$ 3/26/62	
O SPER O	NAME (Type) JOHN Mace JI.	Address (Street, city, lown, or county) Cambridg	e, Md.
DE gase sho sho sho sho sho	22a DURIAL, CREMATION, 22b. DATE THEREOF 22c. JAME OF CEMETERY (	OR CREMATORY 22d. LOCATION (City, 19 wn, or country)	(State)
0 g 4 0 g	Durial 13-24-62 Linas &	of Cem Descheder Co	The
VS. A15ME	23. PUNERAL DIRECTOR ADDRESS	24a. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGN	NATURE
5M 9/60	folel/ West	DATMAR 2 8 '62 arthur S. Hr.	AUA

tem 188 Film 311 4-19 MARYLAND STATE DEPARTMENT OF HEALTH



		CE OF DEAT	0315	4				2. USUAL RESID	ENCE /Where	deceased lived, If	Institution	Residen	ca before	admirei
# /I	a. C	OUNTY	orchest	ter Co	0.			a STATE	laryland	b. COU	NTY _		ester	
-	b. C	ITY OR TOWN	(if outside cor	rporate limit		c. LENGTH OF	STAY IN 16			rporate limits, writ				
		write RURAL and	d give neares	t town)	300	6 Week	-	X Andrews						
r	d. 1	IAME OF HOSP	ITAL OR INST	ITUTION (i	if not in hospi	tal, give street a	ddress)	d. STREET ADDR						RESIDENC
L	C	ambridge	e Md. H	Hospit	tal			Andrews	Md.					A FARM
	. NA	ME OF CEASED		First		Middle		Last	4. DATE	Monti	h	Day	Yes	
		e or print)	Cle	evelar	nd		Hav	ward	OF DEAT	H March		21.	19	62
1	S. SEX		6. COLOR	OR RACE	7. MARRIED	NEVER MAR	RIED 8.	DATE OF BIRTH		9. AGE (In years		TYEAR	IF UNDE	R 24 HRS
	Ma:		Whit	te	WIDOWED			an 18. 188	5	last birthday) 77 yrs.	Months	Days	Hours	Min.
	Oa. U done d	SUAL OCCUPA uring most of w	TION (Give ki	ind of work	10b. KIN	D OF BUSINESS				or foraign country)	12. CI	ITIZEN O	F WHAT	COUNTR
	1	Farmer			_	arming		Andrews	. Md.		II	S.A		
1	3. FA	THER'S NAME						14. MOTHER'S MAIL					. •	
L		Zebe	dee Hay	ward				Jane Ha	rt					
	5. W/Yes, no	S DECEASED EV	VER IN U.S. A	RMED FOR	CES?   16. S	OCIAL SECURITY	NO. 17. I	NFORMANT		Address				
	No				I	Jnknown		rs. Haywar	d An	drews, M	d.			
	18.				cause per lin	e for (a), (b), an		۷.	11.11	. 1			ERVAL BE	
Г		PAKI I, DEA	IMMEDIATE		A	rteri	n 2016	rotic	1 oph	riti's			10 d	
		44	6 X	DUE TO	0		1:	1 A -	4.	1				
		nditions, if an		(b)_	5	ener:	1)7	ed yr	Prio	scler	-0511	3	3 4	111
		re rise to immed		DUE TO	1	1.	1	'A					1 !	
	(a)	, stating the u	underlying [					. /1					I N	1 On
		se last.		(c)_		1700	nrom	ic An	emia					
140	cau	se last.		(c)_ NT CONDIT	TIONS CONT	RIBUTING TO DE	ATH BUT NO	T RELATED TO THE TE	emia	CONDITION GIV	EN IN PAR	RT 1(a) 1	9. WAS /	AUTOPS DRMED?
CATION	Cal	PART II. OTHE	R SIGNIFICAN					T RELATED TO THE TE	MINAL DISEASE	CONDITION GIV	EN IN PAR	,,,,,	PERFO	
MOTACHITA	Cal	PART II. OTHE	R SIGNIFICAN	ING				T RELATED TO THE TE	MINAL DISEASE	CONDITION GIV	'EN IN PAR	,,,,,	PERFO	DRMED?
CEBTIE	20a OR (IF	PART II. OTHE  ACCIDENT W CONTRIBUTING	AS UNDERLY CAUSE OF MEDICAL EX	ING [] OF DEATH XAMINER)	20b. DESCI	RIBE HOW INJUR	RY OCCURED.				'EN IN PAR	,	PERFO	NO [
CEDITOR	20a OR (IF	PART II. OTHE	AS UNDERLY CAUSE OF MEDICAL EX	ING	20b. DESCI	JURY OCCURRED	RY OCCURED.	T RELATED TO THE TELE (Enter nature of injury CE OF INJURY (Home, ry, street, office bldg.,	farm,   20f. (Ci	CONDITION GIV	EN IN PAR	,,,,,	PERFO	DRMED?
MEDICAL CENTION AND MANAGEMENT	20a OR (IF	PART II. OTHE  ACCIDENT W CONTRIBUTING EITHER, NOTIFY TIME OF INJU	AS UNDERLY CAUSE OF MEDICAL EX	ING [] OF DEATH XAMINER)	20b. DESCI	JURY OCCURRED	RY OCCURED.	CE OF INJURY (Home,	farm,   20f. (Ci		(Co	,	PERFO	NO [
CEBTIES	20a OR (IF	ACCIDENT W. CONTRIBUTING EITHER, NOTIFY Hour e.m., p.m.	AS UNDERLY CAS UNDERLY CAUSE OF MEDICAL ED	(ING     DF DEATH XAMINER) h, Day, Yea	20b. DESCI	JURY OCCURRED	20e, PLAG	CE OF INJURY (Home,	farm, 20f. (Ci		1,	ounty)	PERFO	NO (State)
CEBTIES	20a OR (IF 20a 21. sa)	PART II. OTHE  ACCIDENT WA CONTRIBUTING EITHER, NOTIFY THE OF INJU Hour e.m. p.m.  I certify v the decea	AS UNDERLY AS UNDERLY CAUSE OF MEDICAL ED URY Month	(ING DEATH XAMINER) h, Day, Yea 19 is hospil.	20b. DESCI	JURY OCCURREI  Not While et work  d the decea	20e, PLAC facto	CE OF INJURY (Home,	farm, 20f. (Ci etc.)	ty or town)	62,19	ounty)	PERFO YES	(State)
CEBTIES	20a OR (IF 20a 21. sa)	PART II. OTHE  ACCIDENT WA CONTRIBUTING EITHER, NOTIFY THE OF INJU Hour e.m. p.m.  I certify	AS UNDERLY AS UNDERLY CAUSE OF MEDICAL ED URY Month	(ING DEATH XAMINER) h, Day, Yea 19 is hospil.	20b. DESCI	JURY OCCURREI  Not While et work  d the decea	20e, PLAC facto	death occured a	ferm, 20f. (Ci etc.)	ty or town)	62,19	ounty)	PERFO YES	(State) (we) I
CEBTIES	20ac OR (IF 20. 21. sav	PART II. OTHE  ACCIDENT WAS CONTRIBUTING EITHER, NOTIFY  TIME OF INJU- Hour e.m. p.m. Certify  the decea SIGN TURE	AS UNDERLY AS UNDERLY CAUSE OF MEDICAL ED URY Month that (I) (the	(ING DEATH XAMINER) h, Day, Yea 19 is hospil.	20b. DESCI	JURY OCCURREI  Not While et work  d the decea	20e, PLAC facto	death occured a	farm, 20f. (Ci etc.)	ty or town)  3/2:	62,19	ounty)	PERFC YES hat (I) (I) (In the state	(Slate) (we) I
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Elitaso I A SIGN	20a OR (IF 20a 22a 22a 22a 22a 22a 22a 22a 22a 22a	PART II. OTHE  ACCIDENT WATCH CONTRIBUTING EITHER, NOTIFY  TIME OF INJU- Hour e.m. p.m. Certify  the decea SIGN TURE PHYSICIAN'S NAME (Type	AS UNDERLY AS UNDERLY CAUSE OF MEDICAL ED URY Month that (I) (the	ING DEATH SE DEATH XAMINER)  h, Day, Yea  19  is hospit.  3  Chico	20b. DESCI	JURY OCCURRED Not While et the decea	200. PLAGe factor facto	death occured a  ATTENDING PHYS.  22d, ADDRESS	ferm, 20f. (Ci etc.) 20f. (Ci 7, 19, to 10, M, from MED. DIRECTOR [	m the causes	and on	ounty)	PERFC YES hat (I) (I) (In the state	(State) (we) I
2	20a OR (IF 20a 22a 22a 22a 22a 22a 22a 22a 22a 22a	ACCIDENT W. CONTRIBUTING EITHER, NOTIFI TIME OF INJU- Hour e.m. p.m. I certify v the decea . SIGNATURE PHYSICIAN'S NAME (Type	AS UNDERLY S CAUSE O MEDICAL E  URY Month  that (I) (th sed alive of Law V  TON, 23b. E	FING DEATH SE DEATH XAMINER)  19  19  is hospit.  3  Cancar Canca	20b. DESCI	JURY OCCURRED Not While et work d the decea 19	20e. PLAG facto	death occured a  ATTENDING PHYS.  22d, ADDRESS  22d, ADDRESS  22d, ADDRESS	farm, 20f. (Ci etc.) 20f. (Ci 7. 19, to 10, from MED. DIRECTOR 23d. LOC	m the causes  STAFF PHYS.	and on	ounty)	PERFC YES hat (I) (I) (In the state	(State) (we) I
2 2 2	200 OR (IF 200 Sa) Sa) Ba REM	ACCIDENT W. CONTRIBUTING EITHER, NOTIFI TIME OF INJU- Hour e.m. p.m. I certify v the decea . SIGNATURE PHYSICIAN'S NAME (Type	AS UNDERLY AS UNDERLY CAUSE OF MEDICAL ED  URY Month  that (I) (the sed alive of Mar  TON, 23b. E  Mar  R'S SIGNATU	is hospil.  Concordate there	20b. DESCI 20d. IN While et work al) attende 12 1/6	JURY OCCURRED Not While et work d the decea 19 2 V/3 M 23c. NAME OF ADDRESS	20e. PLAG facto	death occured a  ATTENDING PHYS.  22d, ADDRESS  25a.	ferm, 20f. (Ci etc.)	m the causes  STAFF PHYS.  Cation (City, tow	and on	the da	hat (I) (ate state  2/ 2-2  Ge/(s	NO [ (State)

MARYLAND STATE DEPARTMENT OF HEALTH



	3	MARYLAND STATE DEPORTS OF STATISTICAL RESEARCH AND RECORDS.	PARTMENT OF HEALTS	H BALTIMORE 1. MARYLAND
/	/	O2157 CERTIFICATE	OF DEATH	03148
(M		PLACE OF DEATH COUNTY Orchester MARYLAND	2. USUAL RESIDENCE (Where do	b. COUNTY
9		b. CITY OR TOWN It outside corporate limits, write RURAL and give regress town)  25  40	c. CITY OR TOWN (If outside Arpo	orele limits write RURAL and give naerest lown)
X		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give stylet eddress)	d. FIRZET ADDRESS	e. IS RESIDENCE ON A FARM? YES \( \sum \) NO \( \sum \)
1		NAME OF DECEASED (Typa or print) Lillian Reid Hi	CKS 4. DATE OF DEATH	3 / 5 1962
0		lemale white WIDOWED DIVORCED	alsolitained	AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
	do	USUAL OCCUPATION (Give kind of work during most of working life, avan/if refired)  Occupants  Occup	Maryla Pharmace (County & State, or the State)	foraign country) 12. CITIZEN OF WHAT COUNTRY
	13.	J. Columbus Leil	14. MOTHER'S MAIDENNAME	Howith
		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18. no, or unknown) (Ifyesgivewarordatesofsarvica)	INFORMANT Willes	Leuloch, md
		18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	· Heart Fac	lue INTERVAL BETWEEN ONSET AND DEATH
		Conditions, if any, which (b) Certuring	levotre Hear	+ Perano 10 ms?
		gava rise to immadiata causa (e), steting the undarlying DUE TO causa last. (c)	l'artirocle	m 25 m?
0	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	TRELATED TO THE TERMINAL DISEASE (	CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO M
	CERTIFIC	208. ACCIDENT WAS UNDERLYING DOBE CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter natura of injury in Part I or Port II	of item 18.)
	MEDICAL		ACE OF INJURY (Homa, farm, 20f. (City tory, straet, offica bldg., etc.)	or town) (County) (Stata)
		21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on 4 March 1962, and that	10.	the causes and on the date stated above
		22a. SIGNATURE	ATTENDING MED.	22b. DATE STAFF PHYS.  3-19-65
,		22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
1	23	DURIAL, CREMATION, 23b. BATE THEREOF 236. NAME OF CEMETERY WHOVAL Sports 3/7/62 COAST NEW	Market East	New Market, The
n.	24	EUNERAL DIRECTOR'S SCHAPLING BY Cast RUS Plan	DATE MAR 2 0	162 Chilwi S. Kraus
V	-			

48 8 - 25 BURNES TO RESELVE

TO HO STATENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death. Age 4 may be retained by the hospital or attending physician.

S IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, with ATZ hours after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH

· ·		
DIVISION OF STATISTICAL	RESEARCH AND RECORDS, 301 W. PRESTON STR	REET, BALTIMORE 1, MARYLAND
03158	CERTIFICATE OF DEATH	03149

	CE OF DEATH				2. USUAL RE	SIDENCE	(Where dece			denca befor	admission)
04		rchester (	lo.	MARYLAND	a. STATE	Md.		b. COUN		nester	Co.
Ь. (		outside corporate limi		c. LENGTH OF STAY IN 15	c. CITY OR T	TOWN (If o	outside corpora	ta limits, write	e RURAL and g	iva nearest f	own)
C	ambridge.			6 Weeks	Hoopers	ville	. Md.	X			
			if not in ho	spital, give street eddress)	d. STREET A		,	1			RESIDENCE
					**		36.3	1			NA FARM?
	Lendurn IV	Jursing Hon	ne	Middle	Hoopers		DATE	Month	,	-	eer X
DE	CEASED	rirst		Middle	Last		OF	Monti	, .		
(Ту	pe or print)	Martha		Parks	Hooper			larch	2		962
5. SEX	(	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH			AGE (In years ast birthday)	IF UNDER 1 YE		ER 24 HRS.
For	male	White	WIDOW		April 1. 1	871.	8	7 yrs.	Months Day	ys Hours	Min.
10a. L	SUAL OCCUPATION	ON (Give kind of world	k   1Db.	KIND OF BUSINESS OR INDUS			& State, or for	eign country)	12. CITIZE	N OF WHAT	COUNTRY
		king life, even if retire			TTo ou		-11-	MA	TT (	7 A	
	One THER'S NAME		No	ne	14. MOTHER'S		ille,	MQ.	Uos	5.A.	
	THE TANK				14. MOTHER 37	MAIDEN IN	1016				
	Charle	s A. Parks	3			y Par	ks				
		R IN U.S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT			Address			
N				None M	rs Lola E	. Lew	is	Baltin	nore, Mo	d.	
		ATH [Enter only one	cause per	line for (e), (b), end (c).]					1	INTERVAL 8	
		WAS CAUSED BY:		COUNTRY A CONTROL	TOGGT TROOT	ra				ONSET AN	DEATH
	3311	MMEDIATE CAUSE (e)		EREBRAL ARTER	TOPOTTEROPT	19			-		
	7	DUE TO		CONTY TO	T.						
	onditions, if eny,			SENILIT	<u> </u>						
	eve rise to immedia ), steting the un	DI IE TO									
	use last.	(c)		TERMINAL UR	EMTA						
z =	PART II. OTHER		TIONS CO	NTRIBUTING TO DEATH BUT I	NOT RELATED TO TH	E TERMINA	L DISEASE CO	NDITION GIV	VEN IN PART 1	e) 19. WAS	AUTOPSY
5			-							YES T	FORMED?
DE 20	ACCIDENT MA	S UNDERLYING	2Db   DE	SCRIBE HOW INJURY OCCUR	FD. (Enter neture of i	injury in Pa	rt I or Pert II o	item 18.)		1	
₩ OI	CONTRIBUTING [	CAUSE OF DEATH	200. 00	Jenije 110 W 1130K1 Occor	ED, TEILIGE HOINIG OF F						
	oc. TIME OF INJUR		er   20d	INJURY OCCURRED   2De. P	LACE OF INJURY (He	ome, ferm.	20f. (City o	r town)	(County	)	(State)
WEDICAL 20	Hour a.m.	, , , , , , , , , , , , , , , , , , ,	Whi	leNot While	ectory, street, office b	oldg., etc.)	1	,	,,	11-1	
	p.m.	19	et wo								
21	. I certify th	at (I) (this hospi	tal) atter	nded the deceased from	11-20-61	, 19	?, to	3-23-6	2, 19	., that (I)	(we) last
Sã	w the decease	ed alive on3	21-62	2	at death occure	d at4	M, from	he causes	and on the	date sta	ed above
	e. SIGNATURE	11	11	17						2	2b. DATE
		19 1 10 7	XY,	. Max.	ATTENDING PHYS.		D. ECTOR	STAFF PHYS.		3/2	24/62 ED
20	c. PHYSICIAN'S	VUC X	M	ucon _	M.D. PHYS.					1	77 -10
44	NAME (Type)	ALBERT E.	BIIM	ER, M. D.	MARYI		AVE. CA	MBRIDG	E, MARY	TAND	
_											(5)
23a. 1	WRIAL, CREMATIC	ON, 236. DATE THE		23c. NAME OF CEMETER	Y OR CREMATORY				wn or county)		(State)
	ial	March 2	5, 19	62 Dorchester	Mem. Par	N.	Cambri		Md	-	
24 FU	NERAL DIRECTOR	S SIGNATURE		ADDRESS	1	25a. REC'D	BY REGISTR	AR 25b. RE	GISTRAR'S SIC	NATURE	
LeC	ompte Fur	neral Serv	ice	Camoridge,	Md.	DATEAPR	4 '62	Ch	ithur S. H	LAULE	
J											

CHIEF CALL TELEVISION OF THE RESPONDED BY ME THE CORRESPONDED TO A SECURITION OF THE CONTRACT . . . . 181 181 181 . W. Bill World W. A. Tree Inch. AM ATENTORIOUS OF THE STATE to the state of th THE THE THE PERSON NAMED IN COLUMN BUSINESS OF THE STATE OF THE ST WHAT AND AND DESCRIPTION OF THE PROPERTY OF TH The same of the sa

	1	
FOR	STA	TE
HEALT	II DI	PT
TO DEPUXT MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transif permit. File pages 1 and 2 with the State Board of the lift, = 5. I or its designated agent, prior to burial, cremation, or removal, and in any event, within 72 hours after death.	(4)人
elay braid d for	Воа	X
fune fune	State eath.	
o the	the ler d	
death	with rs af	
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pours 1,	in 72	
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ord "	be u	
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Wrije O	Page r	
L EX	O. prio	
Gertif Ged	ECT gent,	
MED s the	DIR ed a	
ecute be fo	TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.	
Se ex	UNE s des	d
D D D Sh	0 0	
H	H	-

VS. A15ME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

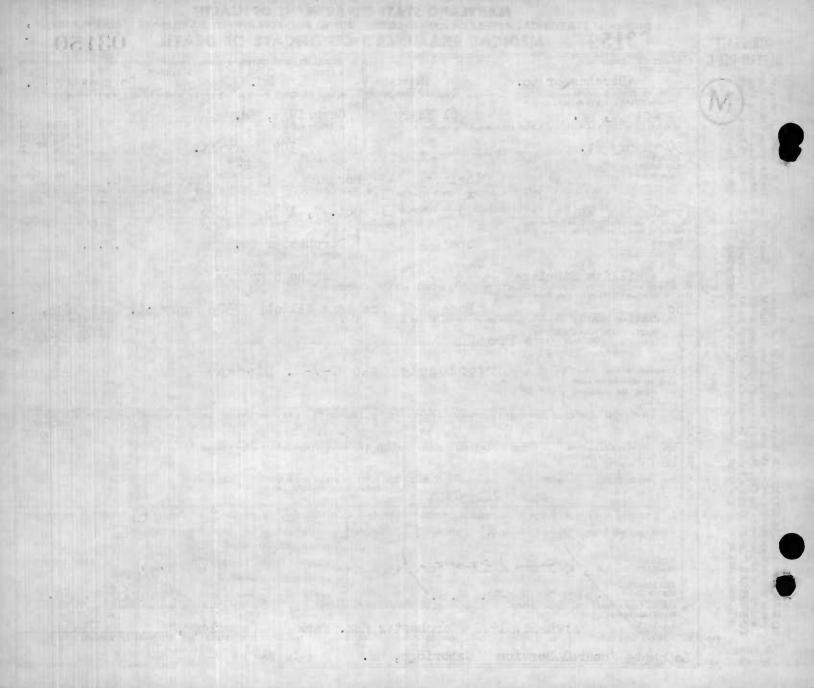
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13159

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

13150

					001	
1. PLACE OF DEATH				ICE (Where decessed lived, If		ce before admission)
	chester Co.	MARYLAND	a. STATE	мd. b. cou		ster Co.
b. CITY OR TOWN (ii	f outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, wri		
	give neerest town)	67 Vacana	120 ambani dana	3/4		
Cambridge,	AL OR INSTITUTION (if not is	61 Years hospital, give street address)	Cambridge d. STREET ADDRESS			I . IS RESIDENCE
		nospilat, give siteel address)	d. STREET ADDRESS			ON A FARM?
302 Henry	St.		302	Henry St.		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mont	h Day	Yeer
(Type or print)	Emma	Sinclare	Horner	DEATH March	8.	19 62
5. SEX	6. COLOR OR RACE 7. MA		DATE OF BIRTH		IF UNDER I YEAR	IF UNDER 24 HRS.
77			0 1 2 300	lest birthdey)		Hours   Min.
Female	I WALL OC	OWED DIVORCED	Oct. 7, 188	5 176 yrs.	1 10 61717511 0	F 1-411-4 F 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	ON (Give kind of work   10 rking life, even if retired)	b. KIND OF BUSINESS OR INDUSTR	II. BIKIHPLACE (Siete	or toreign country)	12. CHIZEN O	F WHAT COUNTRY?
None		None	Dorcheste	r Co.	U.S.A	
13. FATHER'S NAME			14. MOTHER'S MAIDEN			
Manna	am Sinclare		Martha S	inolone		
		16. SOCIAL SECURITY NO.   17. 1		THCTSI'S Addres		
(Yes, no, or unkown)   (If	yes give wer or detes of service)					
No			s Anna Ellio	tt 302 Henry	St. Camb	ridge, Md
18. CAUSE OF D	EATH [Enter only one cause	per line for (a), (b), and (c).]				ERVAL BETWEEN
PART I. DEATH	H WAS CAUSED BY:	emio			Oi	3 days
1 1-1-	3/	GIIITA				) 44,50
	DUE TO			23.		
Conditions, if any		rteriosclerot:	ic C-V-R.	Disease		?
geve rise to immedia (e), steting the ur	DIE TO					
cause last.	) (c)					
Z PART II. OTHER		CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERM	INAL DISEASE CONDITION GI	VEN IN PART 1(e)   1	
01						PERFORMED?
S SYTEMAL CA	USE WAS 1 201 DI	COURT HOW INTHEN OCCUPED !!	Catan mature of injury in Da	of the Part II of them 10 \		YES NO X
PART II. OTHER  206. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.		ESCRIBE HOW INJURY OCCURED. (	chier harure of injury in ra	in i or Pari ii of Hem 16.)		
20c. TIME OF INJUI			CE OF INJURY (Home, fer		(County)	(State)
Hour e.m.		While Not While twork to stand	ory, siteor, office bidg., en	/ }		
	17	remains described above, he	old an Autonou []	Inspection X, Inqui	ev 🗆 and	in my opinion
						in my opinion
death resulted t	rom: Natural causes	X, Accident , Suic	ide, Homicide	Undetermined	manner	
	()	0	CHIEF MEDICAL	EXAMINER		
ACTUAL	Tream 2	mac /	M D ASSISTANT ME	DICAL EXAMINER		ATE SIGNED
SIGNATURE	A Comment	P		AL EXAMINER X 3/	9/62	
EXAMINER'S NAME (Type)	John Mass I	T M D		city, town, or county) C8	mbni dae	. Md.
228. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF		22d. LOCATION (City, tow		(Stete)
REMOVAL (Specify)			70 1	0 1 11	25	7 1
Burial	March 11, 1	962 Dorchester	Mem. Park	Cambridge,	Mary SIGNAT	rland
23. FUNERAL DIRECTO						
LeCompte Fu	meral Service	Cambridge, Md	• DATE	MAR 1 5 '62 (	Inthun S. The	aud
LeCompte Fu	meral Service	campriage, Ma	• DATE	MAR 13 02   C	institut d. The	aud



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03150 funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY a. STATE b. COUNTY 表2章 Dorchester Co. MARYLAND Dorchester Co. by the b. CITY OR TOWN (if outside corporate fimits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) filled in Pages 1 hours after Cassons Neck Cassons Neck RFD #3 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS Cassons Neck completely papers. n 72 hou Cassons Neck 3. NAME OF First Middle 4. DATE Month DECEASED OF (Type or print) William DEATH H. Hubbard March and cor 云 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED S. SEX B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Male White WIDOWED DIVORCED 24, July remove 10a. USUAL OCCUPATION (Give kind of work 7 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad Seafood Waterman Cassons Neck, Dorchester Co. please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME e attending | Then please James Hubbard Susie Cook 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT removal, Address (Yes, no, or unkown) | (If yes give wer or detes of service) Mrs William H. Hubbard None Cassons Neck Cambridge 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) burial-transit DUE TO DUE TO (a), stating the underlying has the ceuse lest. certificate PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION 8 0 prior 20e. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH After this MEDICAL 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) fectory, street, office bldg., atc.) While Not While Hour a.m. et work at work p.m. ......., 19.52.that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. .Z and that death occured at saw the deceased alive 1...T...M. from the causes and on the date stated above. ATTENDING MED. STAFF TO FUNERAL I PHYS DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 220. ADDRESS NAME (Type 23a. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL Speddens-Sewards Cemetery Buria Marvland James 24 FUNERAL DIRECTOR'S SIGNATURE 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A1S (4) 15M 7/61 LeCompte Funeral Service Cambridge. Md. arthur S. Thous

MARYLAND STATE DEPARTMENT OF HEALTH

. IS RESIDENCE ON A FARM?

YES NO T

19 62

Yeer

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO

(Stete)

22b. DATE

(Stete)

SIGNED

Day

attending physician. as been signed by the hospital or DIRECTOR: After miss DIRECTOR: After miss DIRECTOR: After miss

The law requires that the

PHYSICIAN:

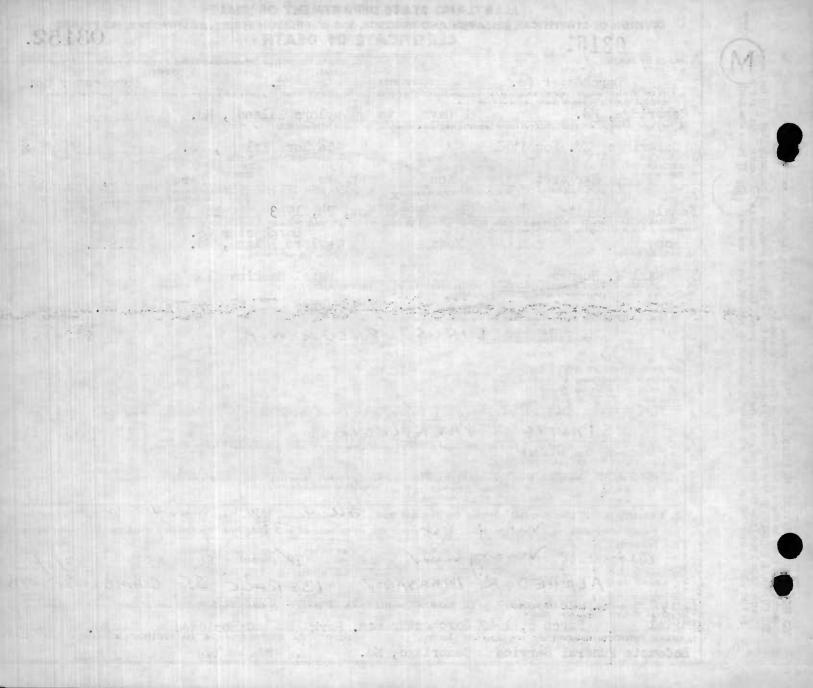
hours after



VR A15 (4) 15M 7/61

### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03151 CERTIFICATE OF DEATH

730	3101				
1. PLACE OF DEATH	H				titution: Residence before edmission)
_	orchester Co.	MARYLAND	a. STATE Md.	b. COUNTY	Dorchester Co.
b. CITY OR TOWN (	if outside corporate limits, d give nearest town)	c. LENGTH OF STAY IN 16		If outside corporate limits, write R	
Cambridge,		2 Days	X Taylors Is	sland . Md.	
d. NAME OF HOSPI	TAL OR INSTITUTION (if not	in hospitel, give street address)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?
Cambridge		.1	Taylors	Island, Md.	YES NO S
3. NAME OF DECEASED	First	Middle	Last	4. DATE Month	Dey Yeer
(Type or print)	Margaret	Ann	Hughes	DEATH March	1, 19 62
5. SEX			B. DATE OF BIRTH	9. AGE (In years   IF	43 96
Female			Nov, 24, 1945		Nonths Deys Hours Min.
10a. USUAL OCCUPAT	TON (Give kind of work   1	IOL. KIND OF BUSINESS OR INDUST	RY   11. BIRTHPLACE (Cour	nty & Stete, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
2.4	orking life, even if retired)		Doro	chester Co.	
None  13. FATHER'S NAME		None	laylors .	Island, Md.	U.S.A.
IO. PATRICK S NAME			14. MOTHER'S MAIDEN	NAME	
	Hughes	Resident and a second	Hazel Me	eekins	
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES? Types give were relates of service	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
No.	1 ) as \$ 14 a Met O1 deles 01341 4164		arl Hughes	Taylors Isla	nd Ma
18. CAUSE OF I	EATH [Enter only one cause	per line for (e), (b), end (c).]	ar T Habiton	Talifora Tare	INTÉRVAL BETWEEN
PART I. DEAT	H WAS CAUSED BY:		NEUMON	11 A	ONSET AND DEATH
1400	IMMEDIATE CAUSE (e)	UINUZ P	NEUMON	( )	3 DAYS
10	DUE TO				
Conditions, if any					
gave rise to immed (e), steting the u	DIJE TO				
ceuse lest.	(c)				
Z PART II. OTHE	1-1	CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY
OL	SPASTIC	0			PERFORMED?
S A S S I D S I W		PARAPLE			YES NO NO
OR CONTRIBUTING	AS UNDERLYING [] 20b.  CAUSE OF DEATH  MEDICAL EXAMINER)	. DESCRIBE HOW INJURY OCCURED	). (Enter neture of injury in	ren I or ren II or item 18.;	
ZDc. TIME OF INJU	JRY Month, Dey, Yeer	2Dd. INJURY OCCURRED   2De. PLA	ACE OF INJURY (Home, fare	n, ! 2Df. (City or town)	(County) (State)
P.M.		THE THE TANKS	tory, street, office bldg., etc	1	
	17	et work	12 00 /	1	
					, 1967, that (I) (we) last
saw the deceas	sed alive on Music	~ 4 19.6.1, and that	death occured at 3.		d on the date stated above,
22e. SIGNATURE				STATE STATE	22b. DATE
act	wk. n	anyano ,	A.D. PHYS.	MED. STAFF DIRECTOR PHYS.	3/1/Ca
22c. PHYSICIAN			224 ADDDESS	0.0	70/62
NAME (Type	ALFRED	R MARYANOI	136 1	PACE SI C	AMBRIDGE, MI
23e. BURIAL, CREMATI	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town	or county) (State)
Burial		962 Dorchester Me	em. Park	Cambridge	Md
24 FUNERAL DIRECTOR		ADDRESS	25a. REG	Cambridge, C'D BY REGISTRAR 256, REGIS	TRAR'S SIGNATURE
LeCompte F	uneral Servic	e Cambridge, Me		1 0 100	When & Kraus
			IDAIL	The same of the sa	may s. Mans



	P
200	pon
2	6
2	l apr

hours after ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After th director, page,

1		DIVISION	OF STATISTICA		YLAND STAT ARCH AND REC	ORD		ON STREET,
2			12169		OLK III I			
Pluo	1.	PLACE OF DEATH	010-				2. USUAL RESIDER	ICE (Where decea
( N44		Dore	hester Co.		MARYLA	ND		Md.
		b. CITY OR TOWN (in write RURAL end	outsida corporate Ilmit give nearest town)	s,	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If outside corporati
fer fer	C	ambridge,	Md.		42 Years		13 Cambrid	ge. Md.
rs. Pages I hours after		d. NAME OF HOSPIT	AL OR INSTITUTION (i	f not in ho	spitel, give street eddress)	)	d. STREET ADDRESS	
h h	3	NAME OF	First		Middle		Lest Lost	4. DATE
papers. n 72 ho		DECEASED	14131		Mildie		5031	OF
<u></u>		(Type or print)	Eva		Mills		Jones	DEATH
o i i	5.	SEX	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIED	8.	DATE OF BIRTH	9. A
ove carbon p event, within	F	emale	White	WIDOW	DIVORCED		L888	7
please remove and in any ever	10	. USUAL OCCUPATI	ON (Give kind of work	10Ь. І	IND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Cou	inty & State, or for
rem	00	None	king life, even if relife	a)	None		Crocheron	Ma
0 -	13	FATHER'S NAME		- 1	MOTIG	1	14. MOTHER'S MAIDER	
i i i	\							
ag I	)	William V					Sarah V	7. Mills
8 -			R IN U.S. ARMED FOR		SOCIAL SECURITY NO.	17. II	NFORMANT	
mit. The		NO	yes give weror dates of se	ervice)	Nons	M.	abal V. Jone	
÷ E			EATH lEnter only one	CRUSO DOL	line for (e), (b), end (c).]	1.10	ADER V. JOIR	55
or rem			WAS CAUSED BY:	cause per			4	
			MMEDIATE CAUSE (a)		INDI	NI	1,0M	
burial-transit		-50	DUE TO	2			2.4	
-tra		Conditions, if eny	, which (b)		arkinso	n'	2 17:369	CC
cre ar		geve rise to immedia	ate cause		0.1.	-		
a de		(e), steting the ur	derlying DUE TO					
the buburial,		cause lest.	) (c)					
38 t	ATION	PART II. OTHER	SIGNIFICANT CONDIT	rions co	NTRIBUTING TO DEATH B	BUT NO	T RELATED TO THE TERM	INAL DISEASE CO
for use	RTIFIC	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DE	CRIBE HOW INJURY OC	CURED.	(Enter neture of injury in	Pert I or Pert II of

ambridge, Md. INTERVAL BETWEEN ONSET AND DEATH NDITION GIVEN IN PART 1(e) | 19. WAS AUTOPSY PERFORMED? NO T item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stelle) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work p.m. 19.(0.) that (1) (we) last ased from 7/1/2/6 19, to 7/2/1, 19,0, that (I) (we) last and that death occured at ...., M, from the causes and on the date stated above. 21. | certify that (I) (this hospital) attended the deceased from...... saw the deceased alive on .... 22e. SIGNATU 22d. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMOVAL (Specify) Dorchester Mem. Park Cambridge, Md. Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DATE

ADDRESS

Cambridge, Md.

**BALTIMORE 1. MARYLAND** 

e limits, write RURAL end give neerest lown)

b. COUNTY

Month

GE (In years | IF UNDER 1 YEAR

Months

March

st birthday)

ign country)

Address

sed lived, If Institution: Residence before edmission)

Days

U.S.A.

arly & Kons

Dorchester Co.

e. IS RESIDENCE ON A FARM? YES NO T

19

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

VR A15 (4) 15M 7/61



24 FUNERAL DIRECTOR'S SIGNATURE

LeCompte Funeral Service

- 1 ASSET TO LEAVE TO SERVE SERVE

<u>a</u> p	DIVISION OF STATISTICAL RESEARCH AND RECOR		ARYLAND
funer 7. hou	1. PLACE OF DEATH a. COUNTY  Dorchester Me. MARYLAND	2. USUAL RESIDENCE (Where deceased lived, If institution; Resi a. STATE b. COUNTY  Md. Dorc	idence before edmission chester Co.
IM)	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	
Page urs are	Church Creek, Maryland   Life  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)	Church Creek, Md.	e. IS RESIDENCI ON A FARM
completely fi on papers. P thin 72 hour	Church Creek, Md.  3. NAME OF First Middle Middle	Church Creek, Md.	YES NO X
within	(Type or print) Samuel Hamilton  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED	Jones DEATH March  8. DATE OF BIRTH  9. AGE (In years lest birthday)  Months   David	
cian an ove car event,	Male White WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUST	Nov. 8, 1870 91 yrs.	ys Hours Min.  N OF WHAT COUNTRY
e rem	done during most of working life, even if retired)  Merchant  General Merchant  13. FATHER'S NAME		Α.
Then please oval, and in	John W. Jones  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   (Yes, no, or unknown)   (Ifyesgive-werordalesofservice)	Sarah L. Jones INFORMANT Address	
by the at ermit. The or remova		Harold Delaha Church Creek, M	INTERVAL BETWEEN ONSET AND DEATH
attending physis been signed burial-transit plant, cremation, call	DUE TO  IMMEDIATE CAUSE (6)  DUE TO	el tacture	3 days
r affend has bee te burial, urial, cre	geve rise to immediate ceuse (a), steting the underlying ceuse last. (c)	Jugen of	sarys
ospital ospital surificate use as the ior to but to	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO DEATH BUT NO DEATH BUT NO DEACH BUT NO DEA		PERFORMED?
by the h fer this c ched for Health pr		D. (Enter neture of injury in Pert I or Pert II of item 18.)	
R: Ald detailed to of		ACE OF INJURY (Home, farm, 20f. (City or town) (County, street, office bldg., etc.)	(Stete)
State Dept	21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on	at death occured at 7.4M, from the causes and on the	
DIII DIII 3 sh 8 S		MED. STAFF PHYS. DIRECTOR PHYS.	3/12/67
death, Jese 4 O FUNERS director, page 5 be filed with th	22c. PHYSICIAN'S NAME (Type) W. H. H. AWKS	22d Coppress and cool Mare	pland
D & D & B	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY REMOVAL (Specify) March 13, 1962 Cambridge (		(State)
VR A15 (4) 15M 7/61	LeCompte Funeral Service Cambridge, Me	1480 1 0 760	

MARYLAND STATE DEPARTMENT OF HEALTH

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# 24 hours after

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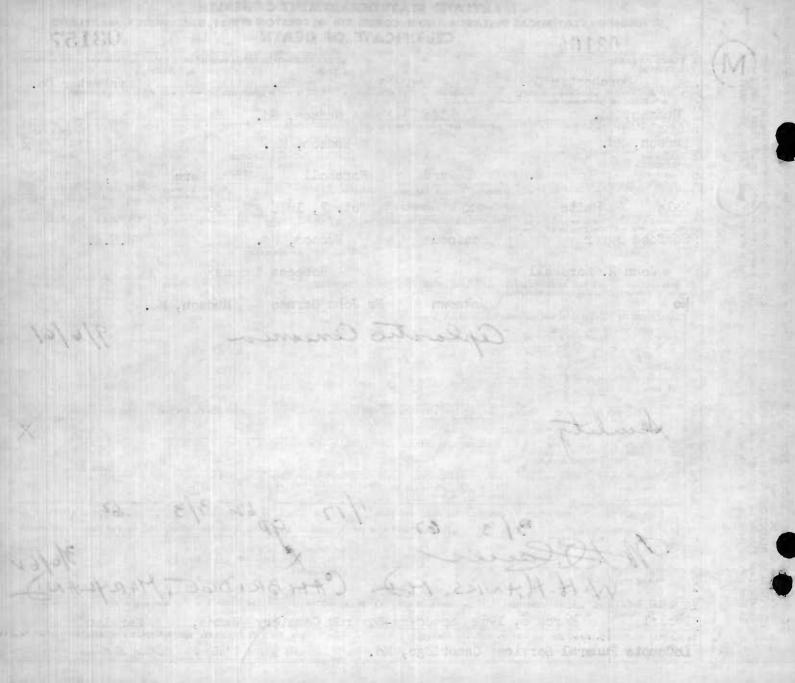
#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03157

1. PLACE OF DEATH a. COUNTY				institution: Residence before edmissio
Dorchester Co.	MARYLAND	a, STATE Md.	b. coul	Dorchester Co.
b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)	c. LENGTH OF STAY IN 16		f outside corporate limits, wri	te RURAL and give neerest town)
Hudson, Md.	Life	X Hudson, M	d.	
d. NAME OF HOSPITAL OR INSTITUTION (IF	ot in hospitel, give street eddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM
Hudson, Md.		Hudson, Md	•	YES NO 5
3. NAME OF First	Middle	Last	4. DATE Mont	h Dey Yeer
(Type or print) S.	Edward	Marshall	DEATH March	3. 19 62
5. SEX   6. COLOR OR RACE   7	MARRIED NEVER MARRIED 8	. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
37 9	WIDOWED DIVORCED	Oct. 7, 1875	lest birthday) 86 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work	106. KIND OF BUSINESS OR INDUSTR		ty & State, or foreign country	12. CITIZEN OF WHAT COUNTR
Seafood Buyer	Seafood	Hudson, M	d.	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN		1 O.D.H.
John R. Marshall		Rebecca	Thomas	
15. WAS DECEASED EVER IN U.S. ARMED FORCE		INFORMANT	Addres	s
(Yes, no, or unkown) (Hyesgivewerordetesofsers		John Barnes	Hudson I	W.A
18. CAUSE OF DEATH [Enter only one ca		oomi barnes	Hudson, I	I INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	0.0 \$	0	w	ONST AND PEATH
IMMEDIATE CAUSE (e)	apresio	Cenem	La	7/6/6/
DUE TO				
Conditions, if eny, which (b)				
gave rise to immediate cause (e), stating the underlying  DUE TO				
cause last. (c)				
	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CONDITION GI	
& Semlity				YES NO
PART II. OTHER SIGNIFICANT CONDITION  PART III. OTHER SIGNIFICANT CONDITION  PART III. OTHER SIGNIFICANT CON	Db. DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in F	Pert I or Pert II of item 18.)	
	20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, ferm	, 20f. (City or town)	(County) (Stete)
Hour e.m.	While Not While fact	tory, street, office bldg., etc.		
₹ p.m. 19	at work et work	1/	15 3/15	73
21. I certify that (I) (this hospital	/ . A .		_	, 196. that (I) (we) la
saw the deceased alive on	1.3196.2 and that	death occured at.	P.M. from the causes	and on the date stated above
220 SIGNATORE TO		ATTENDING M	AED. STAFF	22b. DATE
11870	ell "		RECTOR PHYS.	216/6
22c. PHYSICIAN'S NAME (Type) / f/		22 ADDRESS	2 2	. 4
W. M. My	TNKS, MO	CAMO	RIDGE,	MARYLAND
23a. BURIAL, CREMATION, 23b. DATE THEREC	OF 23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, to	wn or county) (Stele)
Burial (Specify) March 6.	1962 Speddens-Se	wards Cemete:	ry James.	Marvland
24 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR 256. RE	
LeCompte Funeral Servi	ce Cambridge, Md.	DATE M	AR 1 2 '62 C	Wilney S. Kraum
	1100	DATE	Miles and	Andrew St. 1 Andrew



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Dorchester 古古古 MARYLAND orchester b. CITY OR TOWN (if outside corporete limits, by the c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give neerest town) Cambridge .5 7 Months Cambridge filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO X Race St. Race completely papers. 3. NAME OF Middle Month DECEASED OF T.117 a (Type or print) DEATH 19 Massey March and cor IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR lest birthdey) | Months Female White Nov.22,1879 WIDOWED I DIVORCED 12. CITIZEN OF WHAT COUNTRY? physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or foreign country) Homemaker Sussex Co., Delaware U.S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME lease .⊆ attending George W. Massey Mary E. Holt a 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Then (Yes, ng, or unkown) | (If yas give we ror detes of sarvice) Miss Edna Massey, 251 Race St., Cambridge 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] ONSET AND DEATH MO PART 1. DEATH WAS CAUSED BY: Coronary occlusion 5 min. IMMEDIATE CAUSE (e) burial-transit DUE TO Arteriosclerotic cardio vascular renal disease has been geva rise to immediate ceusa Arteriosclerosis generalized DUE TO (a), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? Adenocarcinoma of cecum with operation 10-26-61 NO XX 20e. ACCIDENT WAS UNDERLYING | | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stete) 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (County) factory, street, office bldg., etc.) Whila Not While Hour a.m. et work at work may be retain DIRECTOR: 21. I certify that (i) (this hospital) attended the deceased from 10-9-61 19...., that (I) (we) last Pe saw the deceased alive on.... 22b. DATE 22e. SIGNATURE SIGNED DIRECTOR FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type 15 Locust St., Cambridge, Maryland Eldridge H. Wolff, M.D 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a, SURIAL, CREMATION, 23b. DATE THEREOF March 7,1962 East New Market Cemeltery East New Market, Md. ŏΟ 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Koucov Cambridge, Md. 9 '62 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

1 . . . .UE Took IVE The state of the same of the s the state of the s A LOUR AND DESIGNATION OF THE PERSON OF THE

IN	03	166	Item lc CERTIFICA	TE OF DEAT	IWK		031	59
Y	a. COUNTY	orchester	MARYLAND	a. STATE	Maryland	ad lived, If institu b. COUNTY	tion: Residence Caroli	1.
	write RURAL and	(if outside corporate limits, d give nearest town) ambridge	c. LENGTH OF STAY IN 16		(If outside corporete	limits, write RUR	AL and give ne	-
6	d. NAME OF HOSPI	O	not in hospitel, give straat eddress)	d. STREET ADDRESS	0	nue		e. IS RESIDEN ON A FAR YES NO
	3. NAME OF DECEASED (Type or print)	First Nettie	Middle	Meredith	4. DATE OF DEATH	Month March	Day	Year 19 62
	5. SEX	T.Th. i + a	MARRIED NEVER MARRIED WIDOWED TO DIVORCED	8. DATE OF BIRTH  July 7.1	las	SE (In years IF Uh t birthday) Mon		F UNDER 24 H
		TION (Give kind of work	106. KIND OF BUSINESS OR INDUS		inty & Stete, or forei		Z. CITIZEN OF	WHAT COUN
	13. FATHER'S NAME	Wm. Mine:	r	14. MOTHER'S MAIDEN	Wade			
	15. WAS DECEASED EN	/ER IN U.S. ARMED FORC	ES?   16. SOCIAL SECURITY NO.   17.	INFORMANT ECORDS - East		Address State H	loenital	
0	DE F.	itiete ceuse underlying DUE TO  (c)  R SIGNIFICANT CONDITI  HYDRAT	MYOCARD  ARTERIOS  ONS CONTRIBUTING TO DEATH BUT IN  TON, CAC.  20b. DESCRIBE HOW INJURY OCCUR	LEROTIC NOT RELATED TO THE TERM HEXIA	C.	V.B.	3	PERFORME
	(IF EITHER, NOTIFY  20c. TIME OF INJU  Hour a.m.	MEDICAL EXAMINER)		LACE OF INJURY (Home, fai ectory, street, office bldg., et		own)	(County)	(Stet
		that (I) (this hospital	al) attended the deceased from	March 4	1962 to PM, from th	March O  e causes and	., 19, the	at (I) (we e stated al
	220. SIZNATURE	o Mhe	lum	M.D. ATTENDING PHYS.		STAFF PHYS.		3-6-67
	22c. PHYSICIAN'S		Dunn	22d. ADDRESS	Chann Cha	te Hospi	4-7 Cam	2

03159 etale rasi .m. genes THE PARTY COLUMN TO STANK STANKE STAN ANTERIO STREAM OTHER CILLIA DERYBERTION CALHERIA LE

03167		CERTIFICA	TE OF DEATH			031	60	
o. COUNTY Dorchester		MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mar	nere deceased liveryland	ed. If institution b. COUNTY	Dorche		on)
b. CITY OR TOWN (If outside corporate RURAL and give nearest town) Rhodesdale - Rui		Life	c. CITY OR TOWN (IF a	lock - I		RAL and give nec	crest town	
d. NAME OF HOSPITAL (If not in hospit OR INSTITUTION Near Petersburg		ldress)	d. STREET ADDRESS Pet	ersburg			e. IS RESI ON A YES [	FARM?
NAME OF DECEASED (Type or print) Ar	First thur	Middle James	Losi Murray	4. DATE OF DEATH	March	9 Do	,	ear 9 6
Male 6. COLOR OR RA	CE 7. MARRIE WIDOWED	DIVORCED DIVORCED	B. DATE OF BIRTH April 11, 189	9. /		Months Doys	Hours Hours	Min
On. USUAL OCCUPATION (Give kind of w during most of working life, even if rel Retired Employee Am	red)					d U.S	·A.	DUNTE
3. FATHER'S NAME  Joseph Murray			14. MOTHER'S MAIDEN Mary	NAME y Baltim	ore			
S. WAS DECEASED EVER IN U. S. ARMED Yes, no. or unknown) (If yes, give war or dole NO  18. CAUSE OF DEATH [Enter only on	of service) 21	18-03-2988 M	rs. Naomi J. N	Murray,	Addre Hurlock	, Md., R	F.D	
lying couse lost.	(b) E TO (c) ONDITIONS CO	ssentia hypertension MTRIBUTING TO DEATH BU	x Ateriosel T NOT RELATED TO THE TERM	erotic /	Yeart DINDITION GIVE	Desegne N IN PART 1(a)	9. WAS A PERFOR	RMED
PART II. OTHER SIGNIFICANT (  20g. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  OR CONTRIBUTING  UF EITHER, NOTIFY MEDICAL EXAMIN	20b. DESCR	IBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I or Part II	of item 18.)		YES 🗌	NO
20c. TIME OF INJURY Month, Day, Hour a. m. p. m.	While		LACE OF INJURY (Home, farm octary, street, office bldg., etc		town)	(County)		(Ste
21. I certify that (I) (this hasp saw the deceased alive an	ital) attende LARCH 9	P /-1	Huly 12, 19 death accurred at 5P	M, fram the	Marck e causes and	9 19 62 Th	, , ,	
22c. PHYSICIAN'S NAME (Type)	7. S. L.	JEENIN YEE M	ATTENDING M. D. 22d. ADDRESS	ED. IRECTOR D	STAFF PHYS. []	Pared	3/	SIGN /2
30. BURIAL, CREMATION, 23b. DATE TH BREMOVAL (Specify) March	REOF 12,1962	23c. NAME OF CEMETERY O			N (City, town, or	county) Marylan	(Stote	)
4. FUNERAL DIRECTOR'S SIGNATURE  J. J. Framptom and		ADDRESS	250. REC	D BY REGISTRAF	2Sb. REGIS	TRAR'S SIGNATU	RE	

may be receined to haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be Titled with the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 haurs after death. ENDING PHYSICIAN: The law requires that the death certificate be executed within 2. TO HOSE VR A1S (4) 1SM 9/59

fter death. Page 4

GRIEGO. manufactured detections Constrat travellar accident Here of the state of the state of the the property of the party of Land He was the JASOVE & LEEPLE LEWISON MENDER Contraction of the second seco

VR A1S (4) 1SM 7/61

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03161

1. PLACE OF I	PEATH		MILLIES LEADING	2. USUAL RESIDEN	VCE (Where			sidence before	edmission)
	Dorchester Co.	b. COUNTY Dorchester Co.							
b. CITY OR TO	OWN (if outside corporate limits AL and give nearest town)	,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		porate limits, writa			
Cambri	dge, Md.		17 Years	Rural Ea	ast New	Market,	Md.		
d. NAME OF	HOSPITAL OR INSTITUTION (IF	d. STREET ADDRESS	5				ESIDENCE		
Glasgo	w Nursing Home			East New M	Market	RFD Ma	rvland		NO T
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Month	U	Day Yes	
(Type or print)	George		William	Powner	OF DEATI	March	13	. 19619	62
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	1	. AGE (In years			
Male	White	WIDOWI		April 23, 18	878	83 yrs.	Months Da	ys Hours	Min.
10a. USUAL OC	CUPATION (Give kind of work of working life, avan if retired	10b. K	IND OF BUSINESS OR INDUST				12. CITIZI	EN OF WHAT	OUNTRY?
Carpen		'	Building	Trentham,	. Engla	nd	II.	B.A.	
13. FATHER'S NA				14. MOTHER'S MAIDEN				D.n.	
IIn	known				Unkno	T.TO			
1S. WAS DECEAS	ED EVER IN U.S. ARMED FORCE	ES?   16.	SOCIAL SECURITY NO. 17.	INFORMANT	OHAH	Address			-
No.	wn) (If yas give war or detas of se	rvice)	Unknown P	hillip Fairal	11	East New	Manka	+ PED N	14
IB. CAUSE	OF DEATH [Enter only one	ause per	ine for (e), (b), end (c).	intritto Lada		Daso New	rai ke	I INTERVAL BE	
	DEATH WAS CAUSED BY:	()	The mone	Fra	A. +			ONSET AND	DEATH
1	IMMEDIATE CAUSE (e)_	~	occorono	- ///	Jas				
6.00	DUE TO								
	Conditions, if eny, which geve rise to immediate cause								
	the underlying DUE TO								
cause lest.					16				
Z PART II.	OTHER SIGNIFICANT COMO	ONS CON	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEASE	CONDITION GIVE	EN IN PART 1	(e) 19. WAS A	UTOPSY DRMED?
EAS	A	rm	end 1	neumo	inia			YES T	NO
OR CONTRIB	NT WAS UNDERLYING UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OCCURE	D. (Enter nature of injury in	Pert I or Pert	II of item 18.)			
ZOC. TIME O	F INJURY Month, Day, Year	1 20d.	INJURY OCCURRED   200. PL	ACE OF INJURY (Home, ferr	m. ' 20f. (Ci)	y or lown)	(County	v)	(Stete)
20c. TIME O	a.m. p.m. 19	While	Not While fac	ctory, streat, office bldg., etc	c.)				
21. I cert	ify that (I) (this hospita					3-13-			
saw the d	eceased alive on	11.70.	219, and tha	t death occured at	M, from	n the causes a	and on the	e date state	d above,
22e. SIGNA	TURE OF KIND	131	whet,		MED. DIRECTOR	STAFF PHYS.		3-15	DATE SIGNED
22c. PHYSTC.		9 -	Bunker.	22d. ADDRESS	nd. Ar	Crule	idae.	- Mar	Man
23a. BURIAL, CR	EMATION, 23b. DATE THERE	OF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City, tow	n or Jounty)	(S	ate)
Burial (S)	March 15	, 196	2 Dorchester	Mem. Park	Camb	ridge,	Md.		
24 FUNERAL DIR	ECTOR'S SIGNATURE		ADDRESS	25a. RE	C'D BY REGIS	TRAR 256. REG	ISTRAR'S SIG		
LeCompte	Funeral Servi	ce	Cambridge, Md	• DATE	AR 21 '6	2 ch	ilun S. 9	inuta.	

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			on character tall
	to the term		of in the state of
	Bred to market		

DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND** W. PRESTON STREET, BALTIMORE 1, MARYLAND USUAL RESIDENCE (Whata deceased lived, If Institution Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND SITY OR TOWN (if outside corporeta limits, write RURAL and give/nearest town) c. LENGTH OF STAY IN 16 If outside corporate limits, write RURAL and give neerest town) OR INSTITUTION (if not in hospital, give street address) d. NAME OF HOSPITAL e. IS RESIDENCE ON A FARM? YES NO L completely 3. NAME OF DATE Middle DECEASED OF (Type or print) DEATH and cor AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED WEVER MARRIED last birthday) Months Hours ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 18. CAUSE OF DEATH INTERVAL BETWEEN [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immediata cause DUE TO (a), stating the underlying cause last. ING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRA PERFORMED? YES 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING E CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) CERTIFI MEDICAL 20e. PLACE OF INJURY (Home, farm, ! (Stata) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour a.m. el work at work 21. I certify that (I) (this hespital) attended the deceased from ... 19 and that death occurred at I.M, from the causes and on the date stated above. saw the deceased alive on. ATTENDING DIRECTOR PHYS. PHYS. M.D. 22c. PHYSICIAN'S NAME OF/CEMETERY OR REMATORY 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 SUMERAL DIRECTORS VR A15 (4) Circino S. Thous 15M 9/60

12 27 27 Professor Capilellage 10 2 West End Elve Els House willy I willed to the 130,1768 11 street tentimen + Highwathoug welletell all le le of Margaril Lewis petin - Cretareth in a willing sister of the William Charley - Sitter Contract Human bayers South Deput attensation Meghininani Winner of structs on due to hardon's Heyestughy 50 25 /2 15 3 2/ 20 02/8 3/29/62 WITH HAMES MD. CHARGINGE, MARYLAND Paris Mars gover Double the mariette and the sole in it is to it shows to larvey and a she of

death. Je 4 be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. in 24 hours efter 16 The law requires that the death certificate be execu-ATTENDING PHYSICIAN: TO HO

VR A1S (4)

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03170 CERTIFICATE OF DEATH 03163

1. PLACE OF DEATH			2. USUAL RES	SIDENCE (Where	deceased lived, If in	stitution, Res	idence before	e dmission!
•. COUNTY DOT	rchester	MARYLAND	e. STATE	Maryland	b. COUNT	v	cester	
b. CITY OR TOWN (i	f outside corporate limits, give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If outside cor	porete limits, write 1	RURAL end g	give neerest tov	vn)
	bridge	3 yr.6mo.19da		Berlin		2	3x.2	
	AL OR INSTITUTION (if not in he		d. STREET AD	DRESS			I a IS B	ESIDENCE
	Shore State Hos			William	Street		ON	A FARM?
3. NAME OF DECEASED (Type or print)	Sadie (Sara	Middle ah) Sh	lockley	4. DATE OF DEAT	Month H March		Dey Yea	
S. SEX	6. COLOR OR RACE 7. MARR		B. DATE OF BIRTH	1	9. AGE (In years   II			
F	White   willow		8-10-9	_	A chief to be a	Months Da		Min.
to. USUAL OCCUPATI done during most of wor Housewi	rking life, even if retired)	KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE Mary 1	(County & State, o	r foreign country)		N OF WHAT	OUNTRY
13. FATHER'S NAME			14. MOTHER'S M	AIDEN NAME		1		-
Frank	A. Hudson		Ellen	PloLLO	YAW			
		. SOCIAL SECURITY NO. 17.	INFORMANT		Address			
no no	yes give wer or dates of service)	3-05-0822	RECORDS -	Eastern S	Shore Sta	te Hos	enital	
IB. CAUSE OF D	EATH [Enter only one cause per			-0000211	311010 000	1	INTERVAL BET	TAVEEN!
PART I. DEATH		neralized Arte	rioscleros	sis			Unknow	DEATH
1150	DUE TO							
Con Street	4							
Conditions, if eny								
(a), stating the un								
cause lest.	) (c)							
PART II. OTHER	SIGNIFICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE	TERMINAL DISEASE	CONDITION GIVEN	IN PART 1(	PERFO	NO T
PART II. OTHER  PART II. OTHER  OF CONTRIBUTING  OF CONTRIBUTING  OF CONTRIBUTING	AS UNDERLYING   20b. DE   CAUSE OF DEATH   MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURE	D. (Enter neture of in	jury in Pert I or Pert	It of item 18.)		1112	100
20c. TIME OF INJUR	RY Month, Day, Year   20d.		ACE OF INJURY (Hon		ly or town)	(County	·)	(State)
Hour e.m.	19 Whi	le Not While fac	nory, sireer, office bro	19., 610.)				
Print.	.,	Court Court	Sept. 3	1058	March 22	1,62	) (1) (	
saw the decease	nal (I) (this hospital) attended alive on March 22	19.62, and the	t death occured	8:25A M		nd on the	that (I) (	we) last d above
22a. SIGNATURE								DATE
71	<b>ア</b> カ	٠	ATTENDING PHYS.	MED.	STAFF PHYS.		Man	SIGNED
22c. PHYSICIAN'S	of I I) we	71	22d, ADDRES				171-5	32.6
NAME (Type)	Dr. Thomas J.	Dredge		Shore St	tate Hosp	.,Camb	ridge,	ld.
	ON, 236. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY	23d. LOC	CATION (City, town	or county)	(Si	tete)
BEMOVAL (Specify)	325/62	EVER61	REEN	B	GRLI "	4	1	10
FUNERAL DIRECTOR	S SIGNATURE	ADDRESS	r n. 125	a. REC'D BY REGIS	TRAR 256. REGIS	STRAR'S SIG	SNATURE	
Anna	Ms/Duch	re Jul	m/Kl	TE MAR 2 7 16	2 Chil	Lug & H	Laura.	
		1	Ker	and the same				
				7				

S9120 E and the second of the second of \$5 man (Saret) in the tellipse (parted) albac 83 Y P NO ULE H TELE The Control of Market Belleval are to a take right to a take to a to the THE RESIDENCE OF THE PARTY OF T The Der Prote of the Control of the System ENERGER MERCY MU E TELL I TO BE CONTENT OF THE SHIPE IN THE S

TO HOW ALL ATTENDING PHYSICIAN: The law requires that the death certificate be executed and the hours after death.

Jet 4 be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 7/61

#### MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

13171

CERTIFICATE OF DEATH

03164

	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)
	DOR Chester, MARYLAND	a. STATE MARYLAND b. COUNTY Someset
	b. CITY OR TOWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c, CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)
	write RURAL and give nearest town)	1 1
0	Ambridge Lyrs-7mo.	Wistover 19x.2
	d. NAME OF HOSP(TAL OR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM
1	EASTERN Shope State Haspital	YES NO
3	NAME OF First Middle	Last 4. DATE Month Day Yeer
	DECEASED	OF
	(Type or print) SosiE MAE	Down DEATH MARCH 17 1962
S.	SEX   6. COLOR OR RACE   7. MARRIED     B	. DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
	Fomalo lethefo WIDOWED DIVORCED II.	2 3 1002 last birthday) Months Days Hours Min.
100	Emare Wille	3-3-1883 199 yrs.
do	USUAL OCCUPATION (Give kind of work one during most of working life, even if retired)	
	House Wife Domestic	HALLWOOD, VA. U.S.A.
13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	The Tile	£ 11 A 1 11
10	I homas I KAdeR	SARA JANE MAKShall-
	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. Is, no, or unknown) (Ifyesgivewerordates of service)	INFORMANT
	NO.	Atient's hospital Kecord.
1	18. CAUSE OF DEATH  Enter only one cause per line for (e), (b), end (c).)	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY	ONSET AND DEATH
	IMMEDIATE CAUSE (8) LONARY INS	sufficiency
	4 DUE TO	
	Conditions, if ony, which & (b) Deneralized ARt	erioscleposis with 24rs. 1n
	geva rise to immediate cause	Children Co.
	go to the thinks to to come	
	(e), sleting the underlying DUE TO	1 a Cheana Beard
	(e), steting the undertying DUE TO  cause lest.  (c) CARO: 4c De	terionation - Charica BEAIN
NO	(e), sleting the underlying DUE TO	FERICAL FION - CLEVIS BEATN  OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS)  PERFORMED?
ATION	(e), steting the undertying DUE TO  cause lest.  (c) CARO: 4c De	PERFORMED?
IFICATION	(e), sleting the underlying DUE TO  cause lest.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	YES NO
ERTIFICATION	(e), sleting the underlying DUE TO  CARO: 4C DE  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20s. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH	PERFORMED?
_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	PERFORMED? YES NO X  9. (Enter natura of injury in Pert I or Pert II of item 18.)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  208. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  206. TIME OF INJURY  206. INJURY OCCURRED  206. INJURY OCCURRED  206. PLA	PERFORMED? YES NO  V. (Enter natura of injury in Pert I or Pert II of item 18.)  CCE OF INJURY (Home, ferm, † 20f. (City or town) (County) (State)
_	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  20s. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED Hour a.m.	PERFORMED? YES NO X  9. (Enter natura of injury in Pert I or Pert II of item 18.)
_	CAROLAC   December 2008   ACCIDENT WAS UNDERLYING   2006. ACCIDENT WAS UNDERLYING   2006. ACCIDENT WAS UNDERLYING   2006. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   2006. TIME OF INJURY   Month, Dey, Yeer Hour a.m.   19   2006. INJURY OCCURED   2006. PLA feet work   19   19   19   19   19   19   19   1	PERFORMED? YES NO X  PERFORMED? YES NO X  OCE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) lory, street, office bldg., etc.)
_	Card-4c Decause lest.   CARD	PERFORMED? YES NO S  V. (Enter natura of injury in Pert I or Pert II of item 18.)  CCE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) (County)  3-16-1, 1966 10
_	Card-4c Decause lest.   CARD	PERFORMED? YES NO S  V. (Enter natura of injury in Pert I or Pert II of item 18.)  CCE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) (County)  3-16-1, 1966 10
_	Card-4c Decause lest.   CARD	PERFORMED? YES NO PERFORMED. Y
_	CAROLAC De   CAROLAC DE   CAROLAC DE	PERFORMED? YES NO PERFORMED. Y
_	CARO: 4C   Decay   Caroling   CARO: 4C   Decay   Caroling   Due to   Caroling   Caroli	PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES NO ACCE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)  Ory, street, office bldg., etc.)  3-16-1, 1962, that (I) (we) take death occurred at Acceptance above  death occurred at Acceptance and on the date stated above  ATTENDING MED.  STAFF SIGNE SIGNE STAFF SIGNE
_	Cause lest.   CARO. AC Decays   Carolina	PERFORMED?  YES NO   OCE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)  Ocy, street, office bldg., etc.)  J-10- 1962 Io. 3-17 1962 that (I) (1) (1) la death occurred at 4.00 M, from the causes and on the date stated above 22b. DATE SIGNE PHYS. DIRECTOR PHYS. 3-17-621
_	CARO: 4C   Decay   Caroling   CARO: 4C   Decay   Caroling   Due to   Caroling   Caroli	PERFORMED? YES NO  VEST NO  VE
WEDICAL 23-8	CARO: 4C   De	PERFORMED? YES NO PERFORMED? Y
WEDICAL	Cause lest.   CARO: AC   December 2008. ACCIDENT WAS UNDERLYING   2009. ACCIDENT WAS UNDERLYING   2009. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   2009. NIJURY OCCURRED While Not While at work   19   2009. PLA work   at work   2009. PLA	PERFORMED?  YES NO   OF CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)  Ory, street, office bldg., etc.)  J-10- 1962 Io. 3-17 1962 that (I) (we) la death occured at AM, from the causes and on the date stated above the county of the county
WEDICAL 23-8	Card-4c Decays   Card-4c Decays   Dec	PERFORMED? YES NO PERFORMED? Y
	Cause lest.   CARO: AC   December 2008. ACCIDENT WAS UNDERLYING   2009. ACCIDENT WAS UNDERLYING   2009. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)   2009. NIJURY OCCURRED While Not While at work   19   2009. PLA work   at work   2009. PLA	PERFORMED?  YES PERFORMED?  YES NO   OF CE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stete)  Ory, street, office bldg., etc.)  3-10-10-10-10-10-10-10-10-10-10-10-10-10-

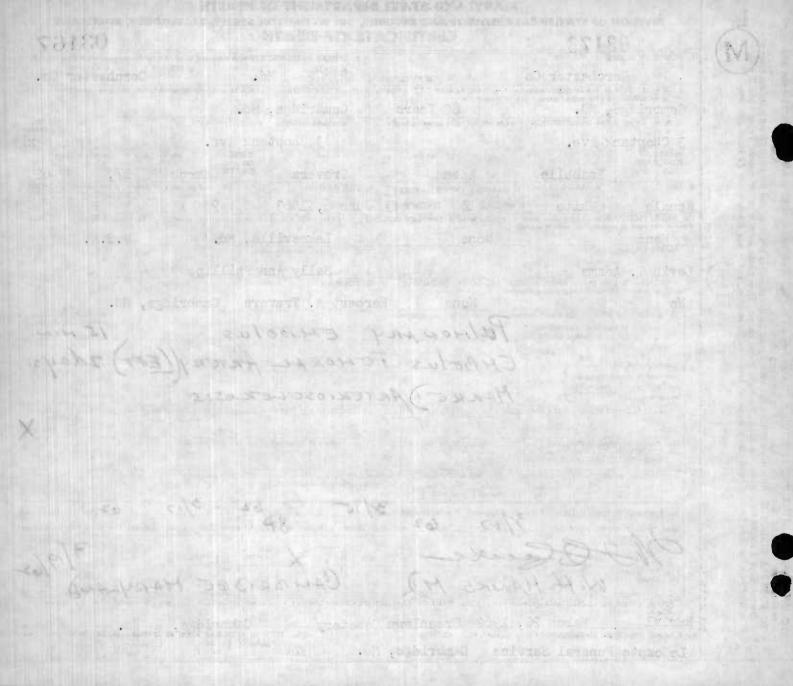
Walter Washing Lyes the livetien Canhadge Enters Street State Hayahl -Josef Jank March 17 60 3-3-1883 79 Finales letotes House Little Donate Haveness, Va. U.S. F. INCA PAGE MICESTRAL Thomas Teader Potents hospital Alved. Colonaly Insufficieny Dementized axtorioschesia with Candine Th farmer fact - Change We Rown School Schneider 

TO HO TAIL ATTENDING PHYSICIAN: The law requires that the death certificate be executed in 24 hours after death.

SECTION OF TAIL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removel—add in any event, within 72 hours after death.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAI  CERTIFICATE OF DEATH	(D)
03173	67
1. PLACE OF DEATH  • COUNTY  • STATE  • COUNTY  • COUNTY	a admission
Dorchester Co MARYLAND Md. Dorchester	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest write RURAL and give nearest town)  c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	own)
Cambridge, Md. 80 Years Cambridge, Md. /3	
	RESIDENCE
3 Choptank Ave. 3 Choptank Ave.	NO X
3. NAME OF First Middle Last 4. DATE Month Day	par
(Type or print)	9 62
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (In yours   IF UNDER I YEAR   IF UNI	ER 24 HRS.
Female White WIDOWED DIVORCED June 6, 1863 98 yrs. Hours	Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF BUSINESS OR INDUSTRY   11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN OF WHA	COUNTRY
done during most of working life, even if retired)	
None None Lakesville, Md. U.S.A.  13. FATHER'S MAME U.S.A.	
19. MOTHER STANDER VANE	
Levin T. Adams Sally Ann Phillips  15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT  Address	
(Yas, no, or unkown) (Ifyesgivewarordatasofsarvice)	
No None Herbert A. Travers Cambridge, Md.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).]  PART I, DEATH WAS CAUSED BY:  ONSET AN	D DEATH
IMMEDIATE CAUSE (a) TELMONARY EMBOLUS	en.
DUE TO 1	
Conditions, if any, which > (b) EMBolus FERIORAL ARTERY (EFT) Zde	245.
gava risa to immadieta cause (a), stating the underlying DUE TO	/
causa last. (c) MARKE DARTERIOSCHEROSCO	
	AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO TEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.)  OR CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	FORMED?
20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.)	NO LA
OR CONTRIBUTING CAUSE OF DEATH  OR (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	(Stata)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County)  Hour a.m. While Not While factory, street, office bldg., atc.)	(Stara)
21. I certify that (I) (this hospital) attended the deceased from 1/1 1962 to 1962 to 1962. That (I	
saw the deceased alive on	ed above
	2b. DATE
M.D. PHYS. MED. STAFF PHYS. DIRECTOR PHYS.	CICALER
22c, PHYSICIAN'S 224 ADDRESS	SIGNEL 19
	SIGNEL 19/65
NAME (TYPE) WOLF- HANKS MI CAMBRIDGE MARYLAND	signer 19/65
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	SIGNEL 19/65 (Stele)
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)	SIGNEL 19/65 (Stete)
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)  Burial March 20, 1962 Greenlawn Cemetery Cambridge Md.	SIGNEL 19/65 (Stete)
23e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county)  Burial March 20, 1962 Greenlawn Cemetery Cambridge Md.	SIGNEL 19/65 (Stete)

MARYLAND STATE DEPARTMENT OF HEALTH



03174 may be it, field to be hospital as attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death.

16

death. Page

IDING PHYSICIAN: The law requires that the death certificate be executed within 24

#### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03168

1. PLACE OF DEATH o. COUNTY  Dorchester	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institution COUNTY	on: Residence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		tside corporate limits, write R	URAL and give nearest town)
rural Cambridge	24155M	s Grotons		83X 3
d. NAME OF HOSPITAL (If not in hospitol, give street or INSTITUTION  Eastern Shore State Hospit		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	May	To L L	4. DATE Mon DEATH	th Day Year - 3 1962
S. SEX 6. COLOR OR RACE 7. MARR	RIED NEVER NARRIED	8. DATE OF BIRTH Aug.	75 9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
white widows	ED DIVORCED	1883	last birthdoy) 78 yrs.	Months Poys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)  None (House Wife  13. FATHER'S NAME	kind of Business or Indu  None	110	nia	12. CITIZEN OF WHAT COUNTRYS
OXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	C. Moore	CHAKKXX	PROMOVEN MA	ary Thomas
	- 4	Hospital red	Dobson Nie	ee) Accomac Va.
Conditions, if ony, which gave rise to immediate cause (a), stating the under-lying cause lost.  DUE TO  DUE TO  (b)  (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				YEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO ▼
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Part II of item 18.)	
Hour o.m. While		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State
21. I certify that (I) (this haspital) attends saw the deceased alive an Ma tr				
220. SIGNATURE  The state of th	edae		D. STAFF PHYS.	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type) Thomas J.Dredge	, M.D.	E.S.S.Hos	oital, Cambrid	ge, Md.
230. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) Mar. 6, 1962	Downings C	hurch Cem.	23d. LOCATION (City, town, o	
24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 2Sb. REGIS	STRAR'S SIGNATURE
HOLL WAY & COMPANY	SALISBURY, MA	RYLAND DATE MA	R 8'62	Thur & House

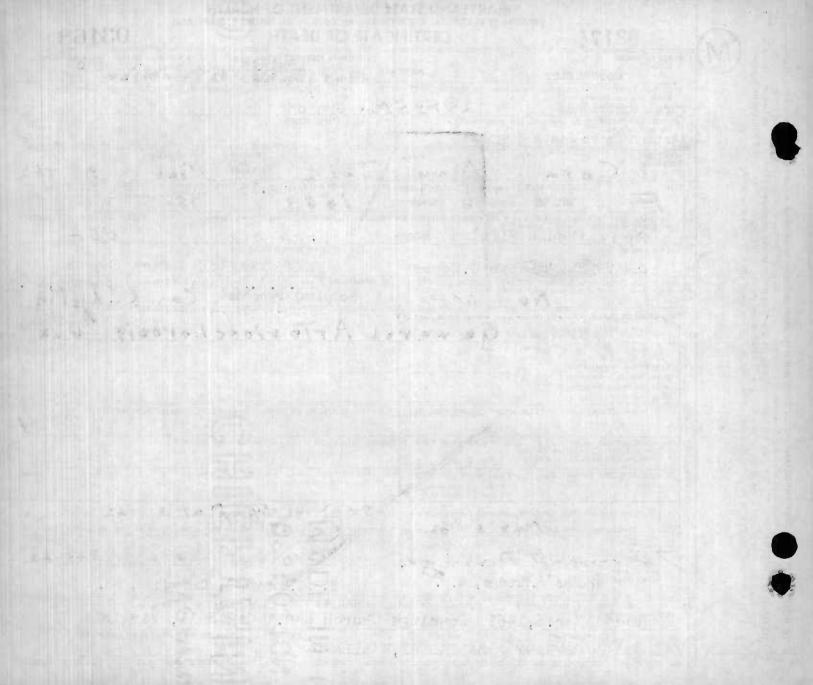
DATE MAR

8 '62

arthur & Fraye

VR A1S (4) 15M 9/59

TO HOSPI



22d. LOCATION (City, town, or county)

24c. REC'D BY REGISTRAR

Cambridge, Md.

24b. REGISTRAR'S SIGNATURE

Cirching & Phone

(Stote)

0

a. COUNTY

NAME OF DECEASED

Female

Edwin Fassett. M.D.

22c. NAME OF CEMETERY OR CREMATORY

Bethel Cemetery

Cambridge, Md.

226. DATE THEREO!

220. BURIAL, CREMATION,

REMOVAL (Specify)

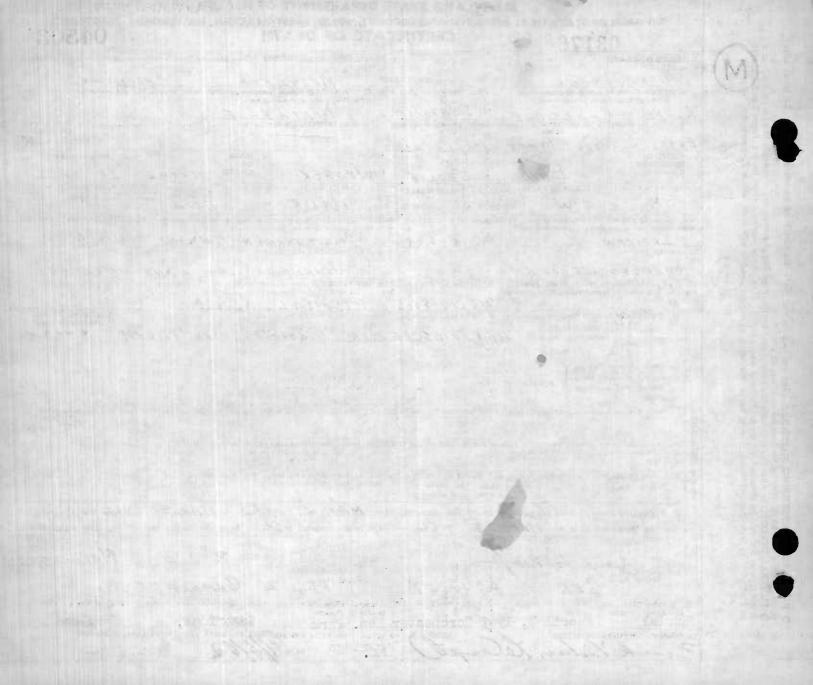
\_\_\_\_\_ BENEFIT OF THE PARTY OF THE PAR . E. S. N. S. F. C. S. S.

6

VR A15 (4) 1SM 7/61

n	3175		CERTIFICA	TE OF DEA	ГН		04	1503
. PLACE OF DEATH				2. USUAL RESIDE	NCE (Where decease	d tived, If institutio b. COUNTY	n: Residence	before admission
DORCHE	STER		MARYLAND	MARYL	AND	CECI	1-	V
b. CITY OR TOWN (I	foutside corporate limi	its, c. LE	NGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate			eerest town)
RURAL - 1	A M B KI D C		YRS. 10 HOS.	d. STREET ADDRES	EAST		07X	2 1 . IS RESIDENCE
_			The state of F	d. STREET ADDRES	-			ON A FARM
NAME OF	HORE STA	TE HOS	PITAL Middle	Last	4. DATE	Month	Dev	YES NO X
DECEASED (Type or print)	JOHA	,	ESLIE	WEAVER	OF	MARCH	29	1962
. SEX	6. COLOR OR RACE			8. DATE OF BIRTH	9. AG	E (In years   IF UND		IF UNDER 24 HRS.
M	W	WIDOWED X	DIVORCED [	1888 2	last	birthday) Months	Deys	Hours Min.
. USUAL OCCUPATI		k   10b. KIND OF	BUSINESS OR INDUST	RY 11. BIRTHPLACE (Co	unty & State, or foreig	in country)   12.	CITIZEN OF	WHAT COUNTRY
lona during most of wor		Boin.	& WORKS	COUNTY UNK	MAI	YLAND	0,5.	0
LABORE A		1770)	S WORKS	14. MOTHER'S MAIDE		15/1/2	0100	
CHARLES	WEAVER	9		JOHANN	0 (105)	NAME	UUK	MALLIN ]
5. WAS DECEASED EVE	R IN U.S. ARMED FOR	RCES?   16. SOCIA	L SECURITY NO.   17.	INFORMANT	7 2 0 0 1	Address	- 10 //	00 2010
Yes, no, or unkown) (If	yesgive wer or detes of s	4	07-5516	HOSPITAL	RECOR	D C		
No 18. CAUSE OF D	EATH [Enter only one			17 117 9 611 17 6	n E GONS	/3		RVAL BETWEEN
PART I. DEATH	WAS CAUSED BY:			- Danni		" " " " " " " " " " " " " " " " " " "		SET AND DEATH
1100	IMMEDIATE CAUSE (+)		RIOSCLER	OTIC CARDI	OVA SCULA.	R JISEA		8 YR5 +
1779	a DUE TO							
Conditions, if eny		)						
(e), steting the un	DITE TO							
cause last.	) (c)							
PART II. OTHER	SIGNIFICANT COND	ITIONS CONTRIBUT	TING TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE CON	DITION GIVEN IN P	ART 1(e) 19	PERFORMED?
5							Y	ES NO
OR CONTRIBUTING	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		HOW INJURY OCCURE	D. (Enter neture of injury i	n Part I or Part II of it	em 18.)		
20c. TIME OF INJU	RY Month, Day, Ye	ear   20d. INJURY		ACE OF INJURY (Home, fe		own) (	County)	(State)
20c. TIME OF INJU	19		ot Whila et work	ctory, street, office bldg., e	ic.)			
				MAX 15	108 to M	AD 29	1962 1	at (I) (wa) la
				at death occured at,				
22e. SIGNATURE	ed anve on	H. 14	17¢, and me	a deam occured an			11 1110 00	22b. DATE
720. 3131441082	11/	1.		ATTENDING PHYS.	MED. DIRECTOR SPI	TAFF	.61	SIGNE
22c. PHYSICIAN'S	ny 17 h	region		M.D. PHYS.	Direction Di		PIM	RCH 29,19
NAME (Type)	GEO. H	! LONE	FLEY	RED	2 CAM	BRIDGE	. Ho.	
3a. BURIAL, CREMATI	ON, 23b. DATE THE		NAME OF CEMETERY	OR CREMATORY		N (City, town or co		(Stete)
REMOVAL (Specify) Burial			rchester M	om Panle	Cambrid	ge.	Marv	land
4 FUNERAL DIRECTOR		1 -	ADDRESS	25a, R	EC'D BY REGISTRAR			
Frank	Videen (	Lo Com	of Cam	pridge DATE	4/4/6.2	Classe	S. Fla	MA
	, Lours !	7		Z. IDAIL	70.00	Coscom	21, 1000	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission) . COUNTY b. COUNTY Dorchester MARYLAND Maryland Dorchester
c. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest fown) b, CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Cambridge-Maryland Hospital YES NOT Rural NAME OF DATE Month Year DECEASED OF (Type or print) DEATE 19 Godfrey Weissent March with 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months | Days Hours Male WIDO WED DIVORCED December hin 24 hours and Give Pages 1, 2, 7 10e. USUAL OCCUPATION (Give kind of work 11. BIRTHPLACE (State or foreign country) 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired Machinist Boston Mass U.S. 13. FATHER'S NAME Nicholas Weissent Pauline Bunke 16. SOCIAL SECURITY NO. | 17. INFORMANT Address 077-07-1910 Yes 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Coronary occlusion "In pencil Office alor DUE TO Conditions, if any, which (b) geva rise to immediate ceuse DUE TO (a), steting the underlying cremation, o PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO A 20b. DESCRISE HOW INJURY OCCURED, (Enter neture of Injury in Part I or Pert II of Itam 18.) 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. Chief / 6 3 WEDICAL. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry ā and in my opinion forwarded death resulted from: Natural causes | X Accident Suicide Homicide Undetermined manner DIREC CHIEF MEDICAL EXAMINER designated ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED should be for FUNERAL 1 SIGNATURE DEPUTY MEDICAL EXAMINERX X Address (Street, city, town, or county) Cambridge. hn Mace Jr. M.D. NAME (Type Md. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220. BURIAL, CREMATION, 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) 240 p 31,1962 Dorchester Mem. Park Cambridge, M. G. Burial FUNERAL DIRECTOR VS. A15ME Cambridge, Md. Circhay S. Kraus 5M 7/59

YLAND STATE DEPARTMENT OF HEALTH

WTAHU HO STADRINGS ENG DAAYS MONG IN THIS RE CHANGE AND A The Level Control Tedenderoll S.U. . work remain the reason of the state o Land Control of the Control of the State of the Control of the Con Sold, & dought design the gentles described te of fortige nempoon in the second to the . med. medfings defectos tich older transfer t Tog TW. S. E A ... 1072-07-1910 February H. Peldment, Carry Lat. 1914, 1915 . But well and come devantaged savi. It the a latter 

## FOR STATE HEALTH DEP TO DEPL-Y ME. AL EXAMINER: This certificate should be executed within 24 hours after death. If any decreasory, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 mes, be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 homestiff death.

VS. AISME

#### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03178

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03171

1.		Dorchester			a. STATE	9 7	b. COUN	TY		
1	-	b. CITY OR TOWN (if outside corporate limits,	, c. LENGTH OF STAY		c. CITY OR TOWN (II	yland	to bimite south	201	chest	
1	F	write BURAL and give neerest town) Rural Rhodesdale	Life	114 12	X Rural Ri			KOKAL end gi	ve meatest to	wnj
1		d. NAME OF HOSPITAL OR INSTITUTION (if	not in hospitel, give street eddress	)	d. STREET ADDRESS					RESIDENCE
		Near Cokesbury			Cokesb	oury Rd	•			NO
		NAME OF D'Arcy (Type or print)  D'Arcy  D'Arcy	Edward	Wh	eatley	4. DATE OF DEATH	March		ay Ye	60
)	5.	Mala   White	7. MARRIED NEVER MARRIED NIVORCED DIVORCED		ept. 5, 1882		GE (In yeers   est birthday) 79 yrs.	Months Dey		R 24 HRS.
	10a dor	. USUAL OCCUPATION (Give kind of work ne during most of working life, even if retired)  Farmer		DUSTR					OF WHAT	COUNTRY?
	13	FATHER'S NAME	Farm		Dorcheste		larylan	d U.	S.A.	
	,	Henry M. Wheatley			Verda Eskr					
		WAS DECEASED EVER IN U.S. ARMED FORCES, no, or unknown) (Ifyes give we rordetes of ser	rvice)		NFORMANT		Address			
		NO 18. CAUSE OF DEATH [Enter only one c	Unknown	Mis	s Essie G. W	heatley,	Phila		Pa. Pa.	
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)  DUE TO  Conditions, if eny, which gave rise to immediate cause (e), steting the underlying cause lest.  (c)	Myocardial fa	TE					Unkn Unkn	own
2	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH B	BUT NO	T RELATED TO THE TERMIN	IAL DISEASE CO	NDITION GIVE	EN IN PART 1(e		AUTOPSY ORMED? NO -
~		208. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	b. DESCRIBE HOW INJURY OCCU	JRED. (E	nter neture of injury in Pert	I or Pert II of ite	m 18.)			
	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer Hour e.m. 19	While Not While et work at work	oe. PLA fect	CE OF INJURY (Home, ferm, ory, street, office bldg., etc.)	20f. (City or	town)	(County)		(State)
		21. I certify that I took charge of	the remains described above	ve, he	d an Autopsy X.	Inspection	, Inquir	y , a	nd in my	opinion
		death resulted from: Natural cau	uses X, Accident ,	Suici	de, Homicide   CHIEF MEDICAL E	_	termined ma	anner 🗌		
		ACTUAL SIGNATURE	a more	X	M.D. ASSISTANT MEDI	CAL EXAMINER	2/1	3/62	DATE SI	GNED
2			Jr. M.D.		DEPUTY MEDICAL Address (Street, c	city, town, or cou	inty) Ca	mbridg	20,	d.
H	22a.	REMOVAL (Specify) Burial March 16				Near Fe	N (City, town,		(SN (aryla)	
)	_	FUNERAL DIRECTOR	ADDRESS		24e. REC	D BY REGISTRAL		STRAR'S SIGN		
9	J.	J.Framptom and Son, 1	Federalsburg, Ma	ryl	and DATE M	AR 1 6 '62	u	when S. 7	Trans	

